

CR NUMBER 20-15667	ACCIDENT DATE 9/26/00	ACCIDENT TIME 1230	DAY OF WEEK Saturday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 527 E. Main St. Kent, OH 44240 Dunkin Donuts			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Macke Nicholas 6-19-2000	DRIVER LAST FIRST MIDDLE DOB Dawn Asia			
ADDRESS 5385 S Prospect St.	ADDRESS Unknown			
CITY, STATE, ZIP PHONE NUMBER Kavenna OH 44266	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE Unknown			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Macke, Joseph	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Griffin, Lisa			
ADDRESS 5385 S Prospect St	ADDRESS 1472 Norvell Dr			
CITY, STATE, ZIP PHONE NUMBER Kavenna OH 44266	CITY, STATE, ZIP PHONE NUMBER Dittsburgh, PA 15201			
VEHICLE YEAR MAKE MODEL COLOR 2010 Jeep Patriot BLK	VEHICLE YEAR MAKE MODEL COLOR 2010 Ford Gray			
LICENSE PLATE NUMBER STATE JC 9808 OH	LICENSE PLATE NUMBER STATE LGX 0893 PA			
INSURANCE COMPANY State Farm 6727983-630-352	INSURANCE COMPANY Unknown			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
Both Units were in the parking lot of 527 E. Main St., Dunkin Donuts. Unit #1 stated he backed up from his parking spot and stopped. Unit #1 stated he was already stopped when Unit #2 backed in to him. Unit #2 driver left her information with Unit #1 driver. I was unable to make contact with Unit #2 driver.				
OFFICER / SUPERVISOR SIGNATURE Paul #257		SKETCH HOW ACCIDENT OCCURRED 		
		INDICATE NORTH BY ARROW NOT TO SCALE		