

OR NUMBER 22-1167	ACCIDENT DATE 1-27-22	ACCIDENT TIME 0847	DAY OF WEEK THU	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd. #4100			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Wright, Joseph, Jr. 08-10-99	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 170 Flowerdale Dr.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Akron OH 44319	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Taylor, Loretta E.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Orweller, Lester L.			
ADDRESS 170 Flowerdale Dr.	ADDRESS 3264 Ileenmarc Ln.			
CITY, STATE ZIP PHONE NUMBER Akron OH 44319	CITY, STATE, ZIP PHONE NUMBER Powell OH 43065			
VEHICLE YEAR MAKE MODEL COLOR 2008 Honda Accord Silver	VEHICLE YEAR MAKE MODEL COLOR 2021 Honda Civic Black			
LICENSE PLATE NUMBER STATE HTF3349 OH	LICENSE PLATE NUMBER STATE J6F3934 OH			
INSURANCE COMPANY Trexis #1134013567401	INSURANCE COMPANY Grange #9666160			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Side / door damage	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Fender			
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was traveling southbound through the parking lot at 5694 Rhodes Rd. Building B (University Edge). Units 2 and 3 were both parked, unoccupied. Unit 1 struck unit 3, which then pushed unit 3 into unit 2.				
			SKETCH HOW ACCIDENT OCCURRED 	
OFFICER/SUPERVISOR SIGNATURE [Signature] #2110			WHEELS 	

OR NUMBER	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)			WEATHER	
VEHICLE NO. 3			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS <i>LOCOCO, Jana, L.</i>			ADDRESS	
ADDRESS <i>3262 N. Bloomsbury Cir. NW</i>			ADDRESS	
CITY, STATE ZIP PHONE NUMBER <i>Canton OH 44708</i>			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
2020 Jeep Gladiator Gray				
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE			
JCQ9436 OH				
INSURANCE COMPANY	INSURANCE COMPANY			
State Farm #9696398B 935A				
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT <i>Bumper / fender</i>	<input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
OFFICER / SUPERVISOR SIGNATURE			SKETCH HOW ACCIDENT OCCURRED <div style="border: 1px solid black; padding: 5px; width: fit-content; float: right;"> INDICATE NORTH BY ARROW </div>	