

CR NUMBER <b>24-5070</b>	ACCIDENT DATE <b>4-8-24</b> <b>1438</b>	ACCIDENT TIME <b>1438</b>	DAY OF WEEK <b>Mon</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>600 N Mantua St parking lot</b>			WEATHER <b>N/A</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>Scott Anthony Wayne 6-28-00</b>			DRIVER LAST FIRST MIDDLE DOB	
ADDRESS <b>1307 Anita Dr</b>			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE <b>OH</b>			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Squire</b>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR <b>2012 Chevy Malibu Gold</b>			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE <b>KFJ6825 OH</b>			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED <b>Unit 1 stated his breaks failed and he ran into the wall around the dumpster in the parking lot.</b>				
			SKETCH HOW ACCIDENT OCCURRED 	
OFFICER /SUPERVISOR SIGNATURE <b>[Signature]</b>			INDICATE NORTH BY ARROW	