

CR NUMBER 24-12049	ACCIDENT DATE 8-17-24	ACCIDENT TIME 1006	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) 626 Franklin Ave			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Fankhauser Mark K. 2/4/70			DRIVER LAST FIRST MIDDLE DOB Davis Anne C. 8-27-51	
ADDRESS 7660 Lake Royale Blvd			ADDRESS 2567 Progress Park Dr	
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			CITY, STATE, ZIP PHONE NUMBER Stow, OH 44224	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			VEHICLE OWNER'S NAME LAST FIRST MIDDLE	
ADDRESS			ADDRESS	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR 2023 TESLA SW GRAY			VEHICLE YEAR MAKE MODEL COLOR	
LICENSE PLATE NUMBER STATE KEU1477 OH			LICENSE PLATE NUMBER STATE	
INSURANCE COMPANY STATEFARM			INSURANCE COMPANY	
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 traveled North through the parking lot and struck pedestrian Unit 2.				
OFFICER/SUPERVISOR SIGNATURE [Signature] #250 / Sg. #255			SKETCH HOW ACCIDENT OCCURRED 	
			↑ INDICATE NORTH BY ARROW NOT TO SCALE	