

CR NUMBER <b>24-14727</b>	ACCIDENT DATE <b>09-30-24</b>	ACCIDENT TIME	DAY OF WEEK <b>MON</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK	
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>1434 E. Main St. Kent, OH / Campus BP</b>				WEATHER <b>Clear</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB <b>Taylor Dakota S. 12-3-05</b>	DRIVER LAST FIRST MIDDLE DOB				
ADDRESS <b>64 Byers Ave</b>	ADDRESS				
CITY, STATE, ZIP <b>Alton, OH 44302</b>	PHONE NUMBER		CITY, STATE, ZIP		
DRIVER'S LICENSE NUMBER	STATE		DRIVER'S LICENSE NUMBER		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same</b>		VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS		ADDRESS			
CITY, STATE ZIP		PHONE NUMBER		CITY, STATE, ZIP	
VEHICLE YEAR MAKE MODEL COLOR <b>2010 Chevy Malibu Tan</b>	VEHICLE YEAR MAKE MODEL COLOR				
LICENSE PLATE NUMBER STATE <b>KKZ9687 OH</b>	LICENSE PLATE NUMBER STATE				
INSURANCE COMPANY <b>none</b>	INSURANCE COMPANY				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>underneath</b>	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				
DESCRIBE HOW ACCIDENT OCCURRED					
<p>Unit One was pulling into the parking lot and got stuck. Unit One attempted to reverse and then drove forward again. Unit One got stuck on a concrete slab with large steel bolts and nuts sticking out that used to be a base of an overhead light. The steel bolts ripped the gas tank and the car engulfed in flames.</p>					
OFFICER / SUPERVISOR SIGNATURE <b>[Signature] 254 / [Signature]</b>		SKETCH HOW ACCIDENT OCCURRED st. Rt. 59 			