

CR NUMBER 23-15260	ACCIDENT DATE 9-22-23	ACCIDENT TIME 12 16	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 600 N-MANTUA ST. (SHEETZ)	WEATHER NO ADVERSE
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
GAMBOL	BRIAN	C	12-12-80		PARKE				
ADDRESS 171 STILL AVE					ADDRESS				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
AKRON, OH 44312									
DRIVER'S LICENSE NUMBER				STATE	DRIVER'S LICENSE NUMBER				STATE
				OH					
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
CITY OF AKRON					GRAY, LARRY				
ADDRESS 166 S. HIGH ST					ADDRESS 514 HARRIS ST.				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
AKRON, OH 44308					KENT, OH 44240				
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
2004	FORD	F550		WHITE	1997	FORD	RANGER		BLACK
LICENSE PLATE		NUMBER	STATE		LICENSE PLATE		NUMBER	STATE	
268 ZJP			OH		1394 MV			OH	
INSURANCE COMPANY SELECTIVE INS CO 81730226					INSURANCE COMPANY PROGRESSIVE 91744855.7				
PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input checked="" type="checkbox"/> REAR	<input checked="" type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
NONE REPORTED									

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 2 WAS PARKED IN THE SHEETZ PARKING LOT AT THE AIR PUMP. UNIT 1 BACKED INTO UNIT 2.

OFFICER / SUPERVISOR SIGNATURE AUCKLAND #238 / Lt. J. [Signature] #228	SKETCH HOW ACCIDENT OCCURRED 600 N-MANTUA ST (SHEETZ) 	INDICATE NORTH BY ARROW
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