

CR NUMBER <b>24-8281</b>	ACCIDENT DATE <b>6/6/2024</b>	ACCIDENT TIME <b>12:36</b>	DAY OF WEEK <b>Thurs</b>	<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) <b>515 E Main St. Kent, OH 44240</b>	WEATHER <b>Clear</b>
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB <b>Wright, Deandra J 1/6/2003</b>	DRIVER LAST FIRST MIDDLE DOB <b>Malotte Tina Joy 1/27/1951</b>
ADDRESS <b>1829 Ashton Ln</b>	ADDRESS <b>1433 Mockingbird Trl</b>
CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>	CITY, STATE, ZIP PHONE NUMBER <b>Stow, OH, 44224</b>
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE <b>OH</b>
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same as above</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same as above</b>
ADDRESS <b>↓</b>	ADDRESS <b>↓</b>
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR <b>2017 Mirage White</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2015 Nissan Rogue Red</b>
LICENSE PLATE NUMBER STATE <b>KAH 4309 OH</b>	LICENSE PLATE NUMBER STATE <b>KDS 9420 OH</b>
INSURANCE COMPANY <b>State Farm 3816826 SFP 35</b>	INSURANCE COMPANY <b>USAA CIC 0109563 95 7101</b>
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED

DESCRIBE HOW ACCIDENT OCCURRED

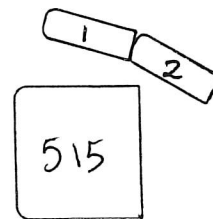
Unit 1 was stopped in the drive through of 515 E. Main St. Unit 2 struck unit 1 from behind while pulling up in the drive through.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW



Not to Scale



E Main St.

OFFICER / SUPERVISOR SIGNATURE

*[Handwritten Signature]*