

CR NUMBER 22-3291	ACCIDENT DATE 03/05/22	ACCIDENT TIME 2323	DAY OF WEEK FRS	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 401 FRANKLIN AVE - THE PUB			WEATHER CLEAR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB LETT, DELAUNTE P 06/28/80	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 970 HUNT ST	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER AKRON, OH 44306	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE LETT, KARLIE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE MACKY, CONNIE M			
ADDRESS 970 HUNT ST	ADDRESS 3434 E. BRAUNARD RD # 105			
CITY, STATE, ZIP PHONE NUMBER AKRON, OH 44306	CITY, STATE, ZIP PHONE NUMBER WOODMERE, OH 44122			
VEHICLE YEAR MAKE MODEL COLOR 2010 CHEV TRANCE WHITE	VEHICLE YEAR MAKE MODEL COLOR 2018 CHEV TRAX SILVER			
LICENSE PLATE NUMBER STATE HSN4275 OH	LICENSE PLATE NUMBER STATE FER9424 OH			
INSURANCE COMPANY UNKNOWN	INSURANCE COMPANY NATIONWIDE 9234J033956			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" 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 type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED UNIT #1 AND UNIT #2 WERE PARKED IN THE LOT BEHIND THE PUB. UNIT #1 BACKED INTO UNIT #2, BOTH VEHICLES SUSTAINED MINOR DAMAGE. THE PUB SENT A COPY OF THE CRASH FROM A SECURITY CAMERA.				
OFFICER /SUPERVISOR SIGNATURE D. J. [Signature] 255		SKETCH HOW ACCIDENT OCCURRED		
		INDICATE NORTH BY ARROW		
		FRANKLIN AVE		
		THE PUB		