


CR NUMBER 25-10761	ACCIDENT DATE 7-28-25	ACCIDENT TIME 11:07am	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1085 W. Main St.			WEATHER Sunny	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Foresik, Grant Lewis 10-26-05			DRIVER LAST FIRST MIDDLE DOB Unoccupied	
ADDRESS 2702 Swinehart Rd.			ADDRESS	
CITY, STATE, ZIP PHONE NUMBER Akron, OH 44312			CITY, STATE, ZIP PHONE NUMBER	
DRIVER'S LICENSE NUMBER STATE Ohio			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Foresik, Todd Matthew			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Shaw, Charles Ralph	
ADDRESS 2702 Swinehart Rd.			ADDRESS 1731 E. Haymarket Way	
CITY, STATE ZIP PHONE NUMBER Akron, OH 44312			CITY, STATE, ZIP PHONE NUMBER Mudson, OH 44236	
VEHICLE YEAR MAKE MODEL COLOR 2017 Ford Fusion Silver			VEHICLE YEAR MAKE MODEL COLOR 2017 Lincoln Continental Black	
LICENSE PLATE NUMBER STATE 3UQ9593 Ohio			LICENSE PLATE NUMBER STATE H2V3916 Ohio	
INSURANCE COMPANY Allstate: 980-666-798			INSURANCE COMPANY Nationwide: 92343297724	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED				
Unit 2 was parked and unoccupied. Unit 1 pulled into the spot next to Unit 2. Unit 1 struck unit 2 on the front passenger side				
OFFICER/SUPERVISOR SIGNATURE  254 Sgt. Iller #221			SKETCH HOW ACCIDENT OCCURRED Service - Klaben Ford Lincoln building 1085 W. Main St.	
			