

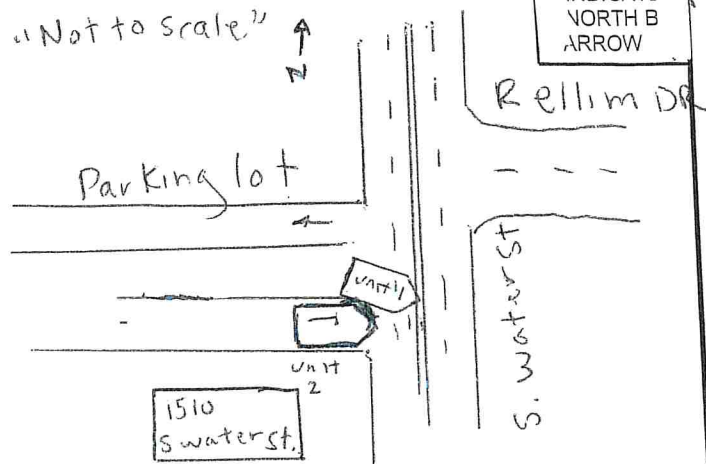
| | | | | |
|--|--------------------------|-----------------------|-----------------------|--|
| CR NUMBER 22-14502 | ACCIDENT DATE 8/29/22 | ACCIDENT TIME 2114 | DAY OF WEEK Monday | <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1510 S Water St. Kent OH 44240 | | | WEATHER Rainy | |

| VEHICLE NO. 1 | | | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | | | | |
|--|--------------------------------|-------------------------------|-------------------------------|---|--|---|-------------------------------|-------------------------------|--------------------------------|
| DRIVER LAST | FIRST | MIDDLE | DOB | | DRIVER LAST | FIRST | MIDDLE | DOB | |
| Rudlosky | Kendyl | Rae | 5/27/04 | | Jordan | Halle | Tyrin | 12/20/99 | |
| ADDRESS 3849 Kenwood Dr | | | | | ADDRESS 6257 3rd Ave | | | | |
| CITY, STATE, ZIP | | | PHONE NUMBER | | CITY, STATE, ZIP | | | PHONE NUMBER | |
| Stow, OH 44224 | | | | | Kent OH 44240 | | | | |
| DRIVER'S LICENSE NUMBER | | | | STATE | DRIVER'S LICENSE NUMBER | | | | STATE |
| | | | | OH | UM403272 | | | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE | | | | | VEHICLE OWNER'S NAME LAST FIRST MIDDLE | | | | |
| Rudlosky Anthony John | | | | | SAME | | | | |
| ADDRESS 3849 Kenwood Dr | | | | | ADDRESS | | | | |
| CITY, STATE ZIP | | | PHONE NUMBER | | CITY, STATE, ZIP | | | PHONE NUMBER | |
| Stow OH 44224 | | | | | | | | | |
| VEHICLE YEAR | MAKE | MODEL | COLOR | | VEHICLE YEAR | MAKE | MODEL | COLOR | |
| 2018 2018 | Toyota | Rav4 | Grey | | 2021 | Kia | forte | WHT | |
| LICENSE PLATE NUMBER | | STATE | | | LICENSE PLATE NUMBER | | STATE | | |
| FTF1559 | | OH | | | HVK2040 | | OH | | |
| INSURANCE COMPANY | | | | | INSURANCE COMPANY | | | | |
| Statefarm 94318026 | | | | | All State 826 424 985 | | | | |
| PARTS OF VEHICLE DAMAGED | <input 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 type="checkbox"/> RIGHT |
| Side Dent | | | | Scrape | Front Bumper detached | | | | |

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was turning right out of University Plaza Parking lot onto S Water St. Unit 2 was to the right of Unit 1. While Unit 1 Turned right, Unit 2 struck Unit 1 on the right side

SKETCH HOW ACCIDENT OCCURRED



OFFICER/SUPERVISOR SIGNATURE

[Signature] #235 / *[Signature]*