

CR NUMBER <b>26-3087</b>	ACCIDENT DATE <b>02/28/2026</b>	ACCIDENT TIME <b>1938 hrs.</b>	DAY OF WEEK <b>SATURDAY</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>463 DANSEL ST. KENT, OHIO 44240</b>	WEATHER <b>NO ADVERSE</b>
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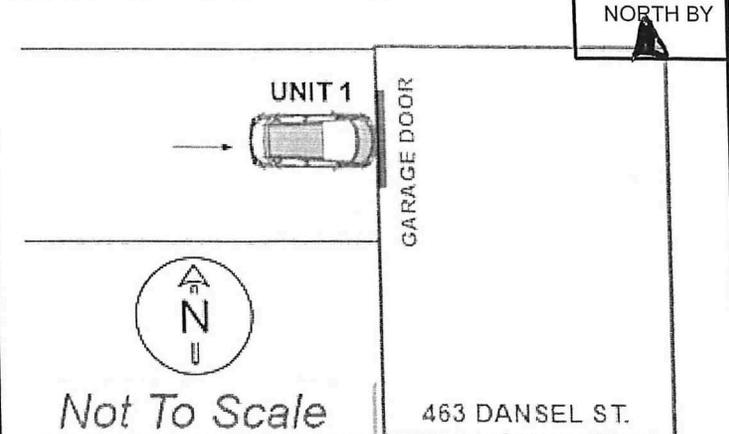
VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB <b>KINSLEY, JASON, DANIEL</b>					DRIVER LAST FIRST MIDDLE DOB				
ADDRESS <b>1250 IDLEWILD DR. APT 14</b>					ADDRESS <b>463 DANSEL ST.</b>				
CITY, STATE, ZIP <b>RAVENNA, OHIO 44266</b>			PHONE NUMBER		CITY, STATE, ZIP <b>KENT, OHIO 44240</b>			PHONE NUMBER	
DRIVER'S LICENSE NUMBER				STATE <b>OH</b>	DRIVER'S LICENSE NUMBER				STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>MILLS, ARDEN, DANIEL</b>					OWNER'S NAME LAST FIRST MIDDLE <b>GARNER, KATE, EMERY</b>				
ADDRESS <b>SAME AS ABOVE</b>					ADDRESS <b>463 DANSEL ST.</b>				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP <b>KENT, OHIO 44240</b>			PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR <b>2010 HYUN SONOTA GRAY</b>					VEHICLE YEAR MAKE MODEL COLOR				
LICENSE PLATE NUMBER STATE <b>HMM 9041</b>					LICENSE PLATE NUMBER STATE				
INSURANCE COMPANY: <b>STATE FARM: 2501997-SFP-35</b>					INSURANCE COMPANY: <b>OHIO MUTUAL INSURANCE : ACC4615981</b>				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>NONE REPORTED</b>					PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <b>GARAGE DOOR FRAME PUSHED IN. GARAGE DOOR WHEEL BROKEN.</b>				

DESCRIBE HOW ACCIDENT OCCURRED

**UNIT 1 FAILED TO PUT VEHICLE IN PARK AND IT ROLLED INTO HOME OWNERS GARAGE DOOR.**

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY



OFFICER /SUPERVISOR SIGNATURE

*[Handwritten signature]* #230 *[Handwritten signature]* #221