

CR NUMBER <b>24-4155</b>	ACCIDENT DATE <b>3/12/24</b>	ACCIDENT TIME <b>14:46</b>	DAY OF WEEK <b>Tues</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>145 S River St.</b>			WEATHER <b>Clear</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Rider, Coraine Sarah 12/29/2005</b>	DRIVER LAST FIRST MIDDLE DOB <b>Unoccupied</b>			
ADDRESS <b>224 Lawrence St.</b>	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER <b>Ravenna OH 44266</b>	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Rider Joshua J</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Quality IP</b>			
ADDRESS <b>145 S. River St</b>	ADDRESS <b>145 S. River St Suite 7</b>			
CITY, STATE ZIP PHONE NUMBER <b>Kent OH 44240</b>	CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>			
VEHICLE YEAR MAKE MODEL COLOR <b>2011 Dodge Journey Black</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2016 Kia Soul White</b>			
LICENSE PLATE NUMBER STATE <b>GBN 8611 OH</b>	LICENSE PLATE NUMBER STATE <b>VLAN10 OH</b>			
INSURANCE COMPANY <b>State Farm 3987613 SFP35</b>	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 1 was attempting to park in the parking lot of 145 S. River St. While Unit 2 was backing up it struck Unit 1 which was unoccupied. The accident was captured on camera.</p>				
SKETCH HOW ACCIDENT OCCURRED			INDICATE NORTH BY ARROW	
<p>S. River St. <span style="float:right">N →</span></p>				
<p>OFFICER / SUPERVISOR SIGNATURE <b>Krapp #216</b></p>				