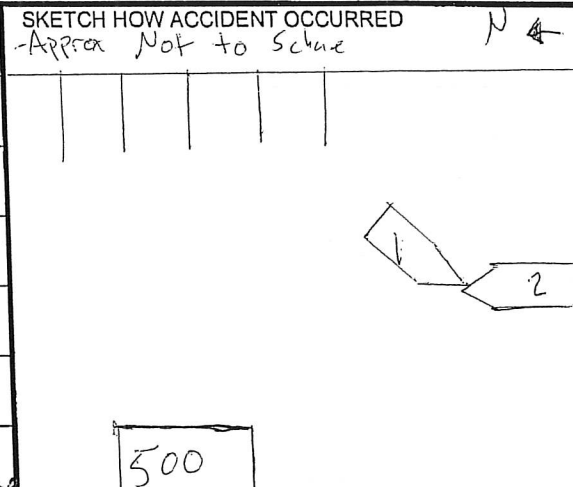


| | | | | |
|---|---|------------------------------|---|--|
| CR NUMBER 24-8914 | ACCIDENT DATE 6-18-24 | ACCIDENT TIME 1209 | DAY OF WEEK TUE | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 S. water st (cus) | | | WEATHER Clear | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | |
| DRIVER LAST FIRST MIDDLE DOB Jones Jacob A 8-20-2004 | DRIVER LAST FIRST MIDDLE DOB Rittman Rita D 10-27-1942 | | | |
| ADDRESS 1831 Ashton Ln Apt 52 | ADDRESS 1943 Lyprus Cir | | | |
| CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 | CITY, STATE, ZIP PHONE NUMBER Kent OH 44240 | | | |
| DRIVER'S LICENSE NUMBER STATE PA | DRIVER'S LICENSE NUMBER STATE OH | | | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME | VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME | | | |
| ADDRESS | ADDRESS | | | |
| CITY, STATE ZIP PHONE NUMBER | CITY, STATE, ZIP PHONE NUMBER | | | |
| VEHICLE YEAR MAKE MODEL COLOR 2008 VW 2dr Silver | VEHICLE YEAR MAKE MODEL COLOR 2015 Ford Edge White | | | |
| LICENSE PLATE NUMBER STATE R907844 OH | LICENSE PLATE NUMBER STATE GLU1552 OH | | | |
| INSURANCE COMPANY State Farm 558 5481A 0638B001 | INSURANCE COMPANY Orange 182 35 22 | | | |
| PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | | | |
| DESCRIBE HOW ACCIDENT OCCURRED Unit #1 pulled out of a parking spot and turned to leave the lot south. Unit #2 was traveling north into the parking lot when the vehicles collided. | | | | |
| OFFICER /SUPERVISOR SIGNATURE [Signature] | | | SKETCH HOW ACCIDENT OCCURRED - Approx Not to Scale  | |
| #240 / 216 500 | | | INDICATE NORTH BY ARROW N ↖ | |