

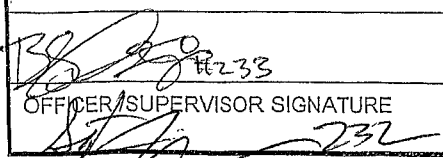
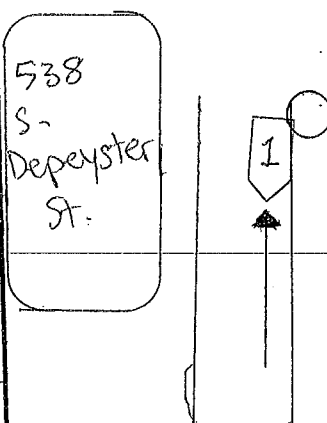
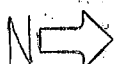
CR NUMBER 10404 23-10704	ACCIDENT DATE 7-9-23	ACCIDENT TIME 0549	DAY OF WEEK Sun	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 538 S Depeyster St Kent OH 44240	WEATHER Dawn / Cloudy
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Jones	Blake	M	7-1-94						
ADDRESS 706 Cuyahoga ST					ADDRESS				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent OH 44240									
DRIVER'S LICENSE NUMBER				STATE	DRIVER'S LICENSE NUMBER				STATE
TJS76322				OH					
VEHICLE OWNER'S NAME LAST		FIRST	MIDDLE		VEHICLE OWNER'S NAME LAST		FIRST	MIDDLE	
Fincham		Raquel	N						
ADDRESS 2392 Martin RD					ADDRESS				
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Mogadore OH 44260									
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
	07	Chry	PT	Cream					
LICENSE PLATE		NUMBER	STATE		LICENSE PLATE		NUMBER	STATE	
		KBV8565	OH						
INSURANCE COMPANY					INSURANCE COMPANY				
PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input checked="" 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
Broken rear light									

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 backed down the driveway of 538 S. Depeyster St. when he saw police cruisers. He then backed into a tree.

OFFICER/SUPERVISOR SIGNATURE 	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
		 *Not to scale*