

CR NUMBER 22-21337	ACCIDENT DATE 12-28-22	ACCIDENT TIME 1603	DAY OF WEEK Wed.	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 920 Stein Ct. Kent OH 44240	WEATHER Clear
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Taylor	Andreene		1-17-2000		Johnson	Mark	Wayne	9-16-87	
ADDRESS 920 Stein Ct. 102					ADDRESS 1810 Adelaide Blvd.				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Kent, OH 44240					Akron, OH 44305				
DRIVER'S LICENSE NUMBER				STATE	DRIVER'S LICENSE NUMBER				STATE
				OH					OH
VEHICLE OWNER'S NAME LAST FIRST MIDDLE				VEHICLE OWNER'S NAME LAST FIRST MIDDLE					
SAA				SAA					
ADDRESS					ADDRESS				
CITY, STATE ZIP					CITY, STATE ZIP				
PHONE NUMBER					PHONE NUMBER				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2013	Dodge	45	White		2005	Jeep	SW	White	
LICENSE PLATE NUMBER	STATE				LICENSE PLATE NUMBER	STATE			
JFG8356	OH				JUP2486	OH			
INSURANCE COMPANY					INSURANCE COMPANY				
Founders OAOH158209					Trexis 11-34-016665108				
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 type="checkbox"/> FRONT	<input checked="" type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input type="checkbox"/> RIGHT
Pass. side					Driver side				

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was in the parking lot between Stein Ct. and Carlisle Ct.
 Unit 2 was in front of unit 1. Unit 2 stated he got turned
 around and backed his car up. Unit 2 said he did not
 see unit 1 behind him, and backed into unit 1. Unit 1
 said she honked and Unit 2
 did not stop.

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW

Not to scale

918 Carlisle Ct.



920 Stein Ct.

OFFICER/SUPERVISOR SIGNATURE

Pt. Alvarez 258 [Signature]

KENT POLICE DEPARTMENT
STATEMENT FORM

CR# 22-21337 DATE 12/28/22
NAME Andreinae Taylor Race Black Sex Female DOB 01/17/2000
LOCAL ADD 920 Steinct Apt 102 CITY Kent ST OH ZIP 44240
PERMANENT ADD _____ CITY _____ ST _____ ZIP _____
HOME PHONE _____ CELL PHONE _____ SSN _____
WORK _____ WORK ADD _____
WORK PHONE _____ EMAIL ADD Andreinae012@gmail.com

I, Andreinae Taylor, MAKE THIS VOLUNTARY STATEMENT TO
(PRINT FULL NAME)

AT Kent Police Department
(OFFICER'S NAME) (LOCATION)

I was approaching my parking spot to go home when a jeep was slowly cruising in front of me as if they didn't know where they were. I came to a complete stop right before going over the speed bump and the jeep was at least 5 feet over the speed bump when I noticed their reverse lights came on but there wasn't a parking spot open for him to be backing to so I laid on my horn (his music must of been loud) and he rammed on the gas and rammed into my car, then put his car in drive in sped off around the parking lot. I followed and asked "why would you hit my car and pull off". He aggressively replied "I didn't see you" and was yelling and screaming, then pulled off; that's when I called the police. He was super hostile and wasn't willing to provide me with his name, insurance, or the company he works for, so all I got was a picture of his license plate.

SIGNATURE Andreinae Taylor DATE 12/28/22