

CR NUMBER 25-10127	ACCIDENT DATE 07/16/2025	ACCIDENT TIME 0850	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK		
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 360 E. Summit St			WEATHER cloudy			
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB JONES TYRONE D 07/09/1960			DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED			
ADDRESS 394 E. Summit St APT D			ADDRESS			
CITY, STATE, ZIP KENT, OH 44240			CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE JONES, TYRONE D			VEHICLE OWNER'S NAME LAST FIRST MIDDLE EAN HOLDINGS LLC			
ADDRESS 394 E. Summit St APT. D			ADDRESS 11783 READING RD			
CITY, STATE ZIP KENT, OH 44240			CITY, STATE, ZIP PHONE NUMBER CINCINNATI, OH 45241			
VEHICLE YEAR MAKE MODEL COLOR 2005 BUICK LACROSSE GRAY			VEHICLE YEAR MAKE MODEL COLOR 2003 NISSAN ALTIMA GRAY			
LICENSE PLATE NUMBER STATE KKY4740 OH			LICENSE PLATE NUMBER STATE KJG5300 OH			
INSURANCE COMPANY FOUNDERS			INSURANCE COMPANY ERIE INSURANCE			
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED NONE			PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED						
UNIT 1 WAS BACKING OUT OF A PARKING SPACE AND						
STROCK UNIT 2 CAUSING MINOR DAMAGE TO UNIT 2						
UNIT 1 WAS UNDAMAGED.						
OFFICER /SUPERVISOR SIGNATURE [Signature] #242			SKETCH HOW ACCIDENT OCCURRED			
NOT TO SCALE						