

CR NUMBER 24-1022	ACCIDENT DATE 1-24-24	ACCIDENT TIME 0731	DAY OF WEEK WED	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 W. Mantua St TRHS			WEATHER Rain / Fog	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Whited Jennifer Lee 5-22-81	DRIVER LAST FIRST MIDDLE DOB Roedke John P 11-25-66			
ADDRESS 1743 Lafayette Cir	ADDRESS 1125 Leonard Blvd			
CITY, STATE, ZIP PHONE NUMBER Stow OH 44224 See owner	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Whited Jennifer Lee	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 1743 Lafayette Cir	ADDRESS			
CITY, STATE ZIP PHONE NUMBER Stow OH 44224	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2024 KIA 4dr Gray	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE KEP 9306 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Coico 4369-03-15-31	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT No damage seen	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 stopped at a stop sign in the parking lot of TRHS. He waited for cars to clear intersection and made a left turn. As he made a turn a Unit #2 began walking through the inter intersection at the same time. Unit #1 struck Unit #2.				
Video at school shows the accident		SKETCH HOW ACCIDENT OCCURRED		INDICATE NORTH BY ARROW
OFFICER /SUPERVISOR SIGNATURE [Signature] #240		Is Approx Not to Scale		