

|                                                                                                               |                                 |                                  |                                |                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------|
| CR NUMBER<br><b>25-13768</b>                                                                                  | ACCIDENT DATE<br><b>9-21-25</b> | ACCIDENT TIME<br><b>1250 HRS</b> | DAY OF WEEK<br><b>Sunday</b>   | <input checked="" type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br><b>126 E Williams St, Kent OH 44240</b> |                                 |                                  | WEATHER<br><b>Clear, sunny</b> |                                                                                                                        |

| VEHICLE NO. 1                                                                                                                                         | VEHICLE NO. 2 (OR PROPERTY DAMAGED)                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DRIVER LAST FIRST MIDDLE DOB<br><b>Unknown</b>                                                                                                        | DRIVER LAST FIRST MIDDLE DOB<br><b>Unoccupied</b>                                                                                                                                                                    |
| ADDRESS                                                                                                                                               | ADDRESS                                                                                                                                                                                                              |
| CITY, STATE, ZIP PHONE NUMBER                                                                                                                         | CITY, STATE, ZIP PHONE NUMBER                                                                                                                                                                                        |
| DRIVER'S LICENSE NUMBER STATE                                                                                                                         | DRIVER'S LICENSE NUMBER STATE                                                                                                                                                                                        |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE                                                                                                                | VEHICLE OWNER'S NAME LAST FIRST MIDDLE                                                                                                                                                                               |
| ADDRESS                                                                                                                                               | ADDRESS                                                                                                                                                                                                              |
| CITY, STATE ZIP PHONE NUMBER                                                                                                                          | CITY, STATE, ZIP PHONE NUMBER                                                                                                                                                                                        |
| VEHICLE YEAR MAKE MODEL COLOR                                                                                                                         | VEHICLE YEAR MAKE MODEL COLOR                                                                                                                                                                                        |
| LICENSE PLATE NUMBER STATE                                                                                                                            | LICENSE PLATE NUMBER STATE                                                                                                                                                                                           |
| INSURANCE COMPANY                                                                                                                                     | INSURANCE COMPANY                                                                                                                                                                                                    |
| PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT<br><b>Scrapes to side of vehicle and rear wheel</b> |

DESCRIBE HOW ACCIDENT OCCURRED  
  

**Suspect vehicle was on Amazon delivery driver in a privately owned vehicle. The vehicle parks and as the driver exits, the vehicle moves forward and scrapes Unit 2.**

OFFICER / SUPERVISOR SIGNATURE  
**Kern #239 Lt. J. Anna #228**

SKETCH HOW ACCIDENT OCCURRED