
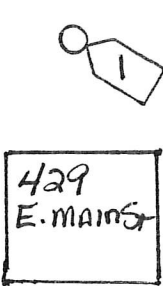


CR NUMBER 25-6385	ACCIDENT DATE 5/8/25	ACCIDENT TIME 1537	DAY OF WEEK Thursday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 429 E. MAIN ST KENT, Ohio 44240			WEATHER Cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Hadaway, Joseph		DRIVER LAST FIRST MIDDLE DOB Bibibop		
ADDRESS 301 S. Depeyster St.		ADDRESS 429 E. Main St.		
CITY, STATE, ZIP PHONE NUMBER Kent, Ohio 44240		CITY, STATE, ZIP PHONE NUMBER Kent, Ohio 44240		
DRIVER'S LICENSE NUMBER STATE Ohio		DRIVER'S LICENSE NUMBER STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE City of Kent		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Jong, Enoch		
ADDRESS 301 S. Depeyster St.		ADDRESS 5000 Arlington Gr. Blvd		
CITY, STATE ZIP PHONE NUMBER Kent, Ohio 44240		CITY, STATE, ZIP PHONE NUMBER Columbus, Ohio 43220		
VEHICLE YEAR MAKE MODEL COLOR 2024 Chevy Tahoe Black		VEHICLE YEAR MAKE MODEL COLOR		
LICENSE PLATE NUMBER STATE Car #1 Ohio		LICENSE PLATE NUMBER STATE		
INSURANCE COMPANY US Specialty Insurance Co.		INSURANCE COMPANY		
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Center.		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT concrete base.		
DESCRIBE HOW ACCIDENT OCCURRED Unit #1 was driving through the lot at the above listed address. Unit #1 struck the light pole. Damage to both Unit #1 and concrete base of light pole.				
Alternate contact JV Park		SKETCH HOW ACCIDENT OCCURRED <div style="text-align: right;">INDICATE NORTH BY ARROW </div> <div style="text-align: center; margin-top: 50px;">  </div>		
OFFICER / SUPERVISOR SIGNATURE W. J. [Signature] #255				