

CR NUMBER 25-5768	ACCIDENT DATE 4/27/25	ACCIDENT TIME 1032 hrs	DAY OF WEEK Sun	<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) 5694 Rhodes Rd. University Edge SE corner of lot	WEATHER No adverse
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB McVoy Lauren Ray 7/11/06	DRIVER LAST FIRST MIDDLE DOB Jones Jaheim J 3/27/01
ADDRESS 1109 Lake Rd.	ADDRESS 5694 Rhodes Rd. Apt 5290
CITY, STATE, ZIP PHONE NUMBER Cincinnati, OH 44030	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE NY
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Alberts Kimberly Marie	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Springer Erica
ADDRESS 157 Calico Dr.	ADDRESS 206 Roman Way
CITY, STATE, ZIP PHONE NUMBER Dover, OH 44622	CITY, STATE, ZIP PHONE NUMBER Newburgh, NY 12550
VEHICLE YEAR MAKE MODEL COLOR 2018 Honda Civic Blue	VEHICLE YEAR MAKE MODEL COLOR 2017 Chevy Malibu Blue
LICENSE PLATE NUMBER STATE JHR 8272 OH	LICENSE PLATE NUMBER STATE HWG 9570 NY
INSURANCE COMPANY State Farm	INSURANCE COMPANY Progressive
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED  
 Unit 1 was NB through the SE corner of the University Edge parking lot. Unit 2 struck unit 1 while backing out of a parking space. Both vehicles were damaged.

OFFICER /SUPERVISOR SIGNATURE Ofc [Signature] #251 / Lt [Signature] #255	SKETCH HOW ACCIDENT OCCURRED 
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