

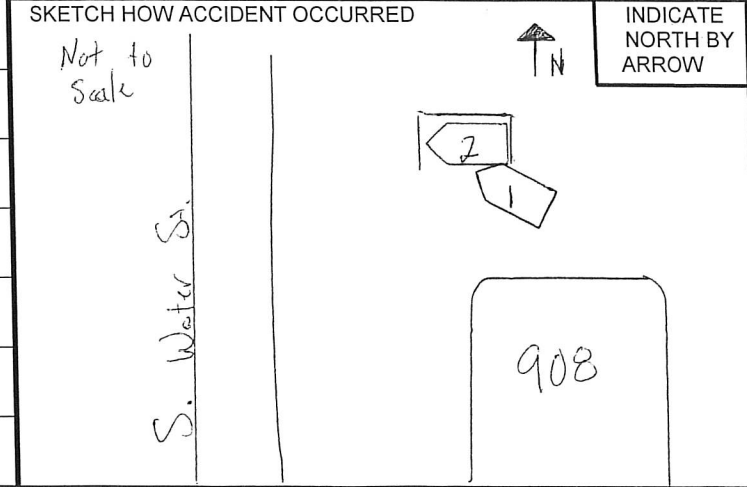
CR NUMBER 25-4360	ACCIDENT DATE 3/31/25	ACCIDENT TIME 17:40	DAY OF WEEK Mon	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
----------------------	--------------------------	------------------------	--------------------	--

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 908 S. Water St.	WEATHER Cloudy
--	-------------------

VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Knapp, Austin M 6/2/2000	DRIVER LAST FIRST MIDDLE DOB Unoccupied
ADDRESS 232 Cherry St.	ADDRESS
CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 1	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE OFF	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as above	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Rentrone, Henry, W
ADDRESS ↓	ADDRESS 1889 Pine Dr
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240 1
VEHICLE YEAR MAKE MODEL COLOR 1994 Ford F250 Red	VEHICLE YEAR MAKE MODEL COLOR 2017 GMC Acadia Black
LICENSE PLATE NUMBER STATE DNE 9644 OH	LICENSE PLATE NUMBER STATE JCS 3859 OH
INSURANCE COMPANY National General 2023458512	INSURANCE COMPANY Progressive 903 690552
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT fender

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was navigating a curve in the parking lot of 908 S. Water St. and struck unit 2 which was parked and unoccupied in a space. Unit 2 left their information behind.



OFFICER / SUPERVISOR SIGNATURE
[Signature]