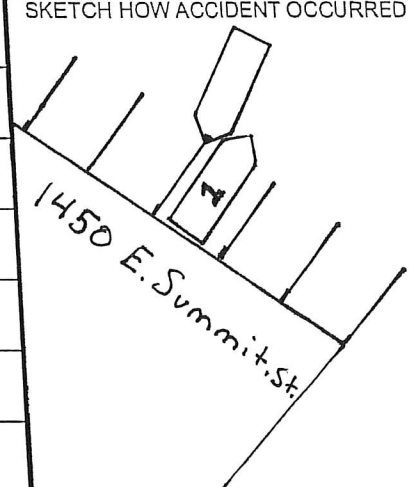



CR NUMBER 25-6407	ACCIDENT DATE 5/8/2025	ACCIDENT TIME 22:22 Hrs	DAY OF WEEK Thursday	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Paloma 1450 E. Summit St. Kent, OH 44240				WEATHER No adverse
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Gherghel Ryan Peter 7/29/04			DRIVER LAST FIRST MIDDLE DOB 	
ADDRESS 1450 E. Summit St. Apt 513			ADDRESS 	
CITY, STATE, ZIP Kent, Oh 44240			CITY, STATE, ZIP 	
PHONE NUMBER 			PHONE NUMBER 	
DRIVER'S LICENSE NUMBER 			DRIVER'S LICENSE NUMBER 	
STATE PA			STATE 	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Gherghel Radu Dean			VEHICLE OWNER'S NAME LAST FIRST MIDDLE 	
ADDRESS 1076 Indian cv.			ADDRESS 	
CITY, STATE, ZIP Auburn, PA 17922			CITY, STATE, ZIP 	
PHONE NUMBER 			PHONE NUMBER 	
VEHICLE YEAR MAKE MODEL COLOR 2012 Chev. Camaro Red			VEHICLE YEAR MAKE MODEL COLOR 	
LICENSE PLATE NUMBER STATE MGB 9110 PA			LICENSE PLATE NUMBER STATE 	
INSURANCE COMPANY American Select			INSURANCE COMPANY 	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 1 was Parked and unoccupied when an unknown make/model vehicle drove into it. Witness showed Officers Video of The Crash take place. Suspect's vehicle Struck Unit 1 with it's front left side.</p>				
OFFICER /SUPERVISOR SIGNATURE Sgt #230 / Lt. /mnA # 228			SKETCH HOW ACCIDENT OCCURRED 	
			INDICATE NORTH BY ARROW 	

Amended

CR NUMBER 25-6407	ACCIDENT DATE 5/8/25	ACCIDENT TIME 2222 Hrs	DAY OF WEEK Thursday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) PALOMA 1450 E. Summit St. Kent, Ohio 44240			WEATHER No adverse	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED) Unit at Fault		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Kent JKayla Maria 1/11/2006			
ADDRESS	ADDRESS 1450 E. Summit St. Apt 103-C			
CITY, STATE, ZIP	CITY, STATE, ZIP Kent, Ohio 44240			
PHONE NUMBER	PHONE NUMBER			
DRIVER'S LICENSE NUMBER	DRIVER'S LICENSE NUMBER			
STATE	STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same as Driver			
ADDRESS	ADDRESS			
CITY, STATE ZIP	CITY, STATE, ZIP			
PHONE NUMBER	PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 2005 Toyota Corolla Gray			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE KOG 7158 OH			
INSURANCE COMPANY	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Dent, with red scratches along D/S Door			
DESCRIBE HOW ACCIDENT OCCURRED On 5/21/2025 I spoke to The owner/operator of Unit 2. Unit 2 admitted to driving her vehicle into Unit 1 on May 8th. Unit 2 Stated They would come into The PD on May 26th at 2000 Hrs to receive Their citation.				
OFFICER/SUPERVISOR SIGNATURE Jones #230 / Lt. Hunt #228		SKETCH HOW ACCIDENT OCCURRED		
		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>		
INDICATE NORTH BY ARROW				