

CR NUMBER 26-1913	ACCIDENT DATE 2/9/2026	ACCIDENT TIME 1057	DAY OF WEEK MONDAY	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 818 HICKORY HILLS CIRCLE KENT OH 44240				WEATHER NO ADVERSE
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB MEDLEY ALMER CRAW 7/23/04	DRIVER LAST FIRST MIDDLE DOB PRENS NOAH H 10/17/04			
ADDRESS 40 COLTS NECK DR	ADDRESS 6448 CREEKSIDE TRL			
CITY, STATE, ZIP PHONE NUMBER SECKLERVILLE NJ	CITY, STATE, ZIP PHONE NUMBER SOLOON OH 44139			
DRIVER'S SOCIAL SECURITY NUMBER	DRIVER'S SOCIAL SECURITY NUMBER			
DRIVER'S LICENSE NUMBER STATE NJ	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE MEDLEY BRANDI E.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE PRENS MELISSA			
ADDRESS SAME	ADDRESS SAME			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE D330LR NJ	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY STATE FARM	INSURANCE COMPANY FARMERS			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED VEH #1 WAS TRAVELING IN THE TRAVEL PORTION OF THE PRIVATE PARKING LOT. VEH #2 BACKED OUT OF A PARKING SPOT AND STRUCK VEH #1. THE RESULT WAS A MINOR TWO CAR ACCIDENT. NO INJURIES REPORTED				
OFFICER /SUPERVISOR SIGNATURE SOE6A4721 <i>[Signature]</i>			SKETCH HOW ACCIDENT OCCURRED	
			<p style="text-align: center;">818 HICKORY HILLS</p> <p style="text-align: center;">parking lot</p>	
			INDICATE NORTH BY ARROW	
			NOT TO SCALE	