

CR NUMBER <b>26-1424</b>	ACCIDENT DATE <b>01/30/2026</b>	ACCIDENT TIME <b>1600 hrs.</b>	DAY OF WEEK <b>Friday</b>	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>317 Dale Dr. Kent, Ohio 44240</b>			WEATHER <b>NO ADVERSE</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB <b>CALVERT MATTHEW JAMES 06/24/2006</b>	DRIVER LAST FIRST MIDDLE DOB <b>JONES COURTNEY MARIE 09/03/2006</b>			
ADDRESS <b>936 MORRIS RD. APT 840</b>			ADDRESS <b>36 PROCTOR PL</b>	
CITY, STATE, ZIP PHONE NUMBER <b>KENT, OHIO 44240</b>			CITY, STATE, ZIP PHONE NUMBER <b>TOLEDO, OHIO 43610</b>	
DRIVER'S LICENSE NUMBER STATE <b>OH</b>			DRIVER'S LICENSE NUMBER STATE <b>OH</b>	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>CALVERT ERIC JAMES</b>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>JONES CLARENCE E</b>	
ADDRESS <b>115 CHAPEL RIDGE ST NE</b>			ADDRESS <b>SAME AS LISTED ABOVE</b>	
CITY, STATE ZIP PHONE NUMBER <b>CANTON, OHIO 44714</b>			CITY, STATE, ZIP PHONE NUMBER	
VEHICLE YEAR MAKE MODEL COLOR <b>2016 VOLK JETTA WHITE</b>			VEHICLE YEAR MAKE MODEL COLOR <b>2020 KIA FORTE GRAY</b>	
LICENSE PLATE NUMBER STATE <b>JWQ7271 OH</b>			LICENSE PLATE NUMBER STATE <b>KGG5269 OH</b>	
INSURANCE COMPANY <b>PROGRESSIVE: 298587552</b>			INSURANCE COMPANY <b>GEICO: 6194001209</b>	
PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED <b>NONE REPORTED</b>			PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED <b>SCRATCHES TO REAR DRIVERS SIDE BUMPER</b>	
DESCRIBE HOW ACCIDENT OCCURRED				
UNIT 1 WAS BACKING OUT OF A PARKING SPOT WHILE UNIT 2 WAS BACKING OUT OF A PARKING SPOT. UNIT 1 AND UNIT 2 BOTH				
STRUCK THE BACK OF EACHOTHERS BUMPERS. UNIT 1 DID NOT REPORT ANY DAMAGES. UNIT 2 REPORTED SCRATCHES TO REAR				
DRIVERS SIDE BUMPER.				
OFFICER /SUPERVISOR SIGNATURE <i>230 [Signature] / 11 [Signature] A# 228</i>			SKETCH HOW ACCIDENT OCCURRED	
			<div style="border: 1px solid black; padding: 10px; text-align: center;"> 317 DALE DR. </div>	
			INDICATE NORTH BY	