

CR NUMBER 25-333	ACCIDENT DATE 1/9/25	ACCIDENT TIME 1455	DAY OF WEEK Thur	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1840 Rhodes RD Kent OH 44240			WEATHER Snow/sunny	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Baker, Jessica Kay 9/3/99		DRIVER LAST FIRST MIDDLE DOB Conroy, Maribel, Jane 8/27/04		
ADDRESS 5820 Lakewood Rd		ADDRESS 10017 Broadview Rd		
CITY, STATE, ZIP PHONE NUMBER Ravenna, OH 44266		CITY, STATE, ZIP PHONE NUMBER Broadview Hts, OH 44147		
DRIVER'S LICENSE NUMBER STATE OH		DRIVER'S LICENSE NUMBER STATE OH		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAA		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Conroy, Daniel, John		
ADDRESS SAA		ADDRESS 10017 Broadview Rd		
CITY, STATE ZIP PHONE NUMBER SAA		CITY, STATE, ZIP PHONE NUMBER Broadview Hts, OH 44174		
VEHICLE YEAR MAKE MODEL COLOR 2015 Jeep Cherokee BLK		VEHICLE YEAR MAKE MODEL COLOR 2014 Subaru Impreza Brown		
LICENSE PLATE NUMBER STATE KMM2811 OH		LICENSE PLATE NUMBER STATE JNR3496 OH		
INSURANCE COMPANY Progressive 986037318		INSURANCE COMPANY Grange 5130742		
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Minor		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Major		
DESCRIBE HOW ACCIDENT OCCURRED Unit 1 was backing out of a parking spot when Unit 1 struck unit 2 in the passenger side front.				
OFFICER /SUPERVISOR SIGNATURE PH Baker, Jessica #235		SKETCH HOW ACCIDENT OCCURRED		
		↑ INDICATE NORTH BY ARROW ↑ ↓ "Not to Scale"		
		↑ ↓ "Not to Scale"		
		↑ ↓ "Not to Scale"		