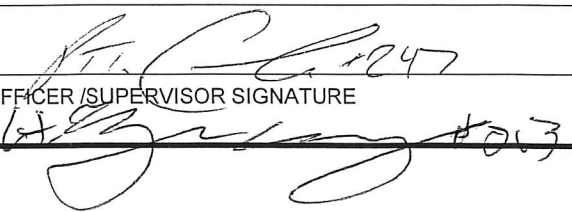
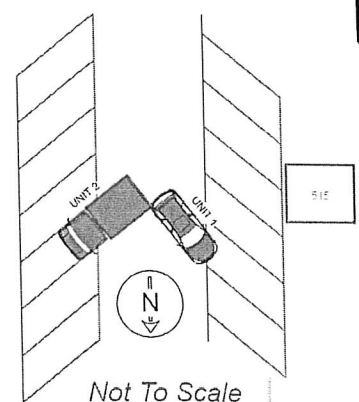


CR NUMBER 24-6255	ACCIDENT DATE 4-30-24	ACCIDENT TIME 1537	DAY OF WEEK TUE	X DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 515 E Main St Kent, OH 4420			WEATHER FAIR	
<b>VEHICLE NO. 1</b>			<b>VEHICLE NO. 2 (OR PROPERTY DAMAGED)</b>	
DRIVER LAST FIRST MIDDLE DOB BELAN CARLEY RANAE 08/11/1999			DRIVER LAST FIRST MIDDLE DOB HORN-HOWZE ANTONIO JAMAR 11/23/1989	
ADDRESS 646 VIRGINIA AVE			ADDRESS 335 THE BROOKLANDS #7	
CITY, STATE, ZIP PHONE NUMBER KENT OH 44240			CITY, STATE, ZIP PHONE NUMBER AKRON, OH 44305	
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NUMBER STATE	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME AS ABOVE			VEHICLE OWNER'S NAME LAST FIRST MIDDLE JVM CAPITAL HOLDINGS INC	
ADDRESS			ADDRESS 96 WESTVUE DR	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER TALLMADGE OH 44278	
VEHICLE YEAR MAKE MODEL COLOR 2020 KIA RIO BLUE			VEHICLE YEAR MAKE MODEL COLOR 2012 FORD E-350 WHITE	
LICENSE PLATE NUMBER STATE KBV4967 OHIO			LICENSE PLATE NUMBER STATE PME5861 OHIO	
INSURANCE COMPANY PROGRESSIVE 932568167			INSURANCE COMPANY PROTECTIVE INS. CO. IL56-V0007992	
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED			PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE <input checked="" type="checkbox"/> NONE DAMAGED	
DESCRIBE HOW ACCIDENT OCCURRED				
Unit #1 and Unit #2 were both backing out of their parking spaces. The two units backed into each other.				
OFFICER /SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED	
				
INDICATE NORTH				