

CR NUMBER 24-16632	ACCIDENT DATE 11-1-24	ACCIDENT TIME 0200	DAY OF WEEK Friday	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 308 University Dr				WEATHER Clear
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Schrock, Jeremy L. 11-23-04	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 10148 Hess Mill RD NE #C	ADDRESS			
CITY, STATE, ZIP 44612 PHONE NUMBER Bolivar, OH	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Karas, Adel H.			
ADDRESS	ADDRESS 2871 Graham Rd #11			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Stow, OH 44224			
VEHICLE YEAR MAKE MODEL COLOR 2014 CHEV TR WHT	VEHICLE YEAR MAKE MODEL COLOR 2013 FORD FUSION LGT GRN			
LICENSE PLATE NUMBER STATE KHD 8384 OH	LICENSE PLATE NUMBER STATE KAE9465 OH			
INSURANCE COMPANY Progressive	INSURANCE COMPANY Bristol West			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was parked in the driveway of 308 University, Unit #1 backed out and struck Unit #2. Units later reported the crash.				
SKETCH HOW ACCIDENT OCCURRED <input checked="" type="checkbox"/> INDICATE NORTH BY ARROW Not To Scale 				
OFFICER /SUPERVISOR SIGNATURE [Signature] #250				