

KENT OHIO POLICE DEPARTMENT

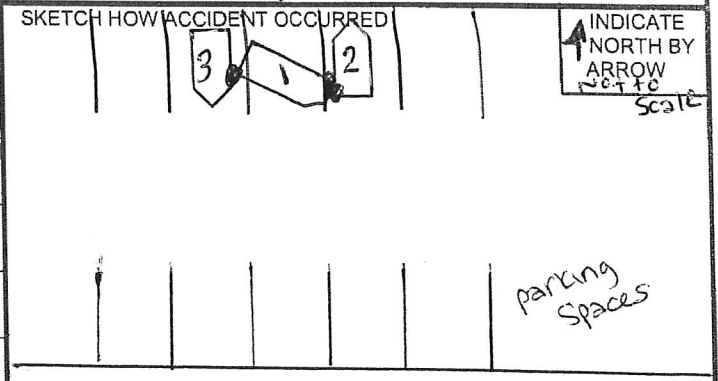
PRIVATE PROPERTY ACCIDENT REPORT

CR NUMBER 24-18951	ACCIDENT DATE 12/23/24	ACCIDENT TIME 1249 hrs	DAY OF WEEK MON	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) CVS Parking Lot 500 S Water St	WEATHER No Adverse
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB UNOCCUPIED	DRIVER LAST FIRST MIDDLE DOB parked + unoccupied								
ADDRESS	ADDRESS								
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER								
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE								
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Mitchell Christy Lynn	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Singer Heidi								
ADDRESS 1109 N. Mantua St.	ADDRESS 5126 Sunnybrook Rd								
CITY, STATE ZIP PHONE NUMBER Kent, OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240								
VEHICLE YEAR MAKE MODEL COLOR 2025 Honda HRV Black	VEHICLE YEAR MAKE MODEL COLOR 2021 Toyota Yranner White								
LICENSE PLATE NUMBER STATE JHL9660 OH	LICENSE PLATE NUMBER STATE KJN7707 OH								
INSURANCE COMPANY American National General	INSURANCE COMPANY Western Reserve								
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
 units 2 and 3 were parked and unoccupied in the CVS parking lot. The driver of unit 1 did not put unit 1 into park after exiting the vehicle and entering the store. Unit 1 was ~~was~~ unoccupied when it began moving backward through the lot striking units 2 and 3. There was damage to all 3 vehicles.




OFFICER/SUPERVISOR SIGNATURE
 Ofc [Signature] #251

CVS 500 S Water St

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CR NUMBER 24-18951	ACCIDENT DATE	ACCIDENT TIME	DAY OF WEEK	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK		
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)				WEATHER		
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)			
DRIVER LAST FIRST MIDDLE DOB <i>parked & unoccupied.</i>			DRIVER LAST FIRST MIDDLE DOB			
ADDRESS			ADDRESS			
CITY, STATE, ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE			DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <i>Zembower Jillian M</i>			VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS <i>781 Howland Wilson Rd NE</i>			ADDRESS			
CITY, STATE ZIP PHONE NUMBER <i>Warren, OH 44484</i>			CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR <i>2016 Chevy Cruze Gray</i>			VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE <i>HKK 9348 OH</i>			LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY <i>Progressive</i>			INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED <i>See page 1</i>						
OFFICER / SUPERVISOR SIGNATURE <i>[Signature]</i> #251			SKETCH HOW ACCIDENT OCCURRED			
			<i>See page 1</i>		INDICATE NORTH BY ARROW	