

CR NUMBER 24-13886	ACCIDENT DATE 9-16-24	ACCIDENT TIME 0709	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) 1400 N. Mantua St (TIRHS)	WEATHER Clear
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
Palmieri	Michael	L	02-21-90		Dixon	Courtland	L	7-09-85	
ADDRESS SAME					ADDRESS 1335 Northmorland Blvd				
CITY, STATE, ZIP					CITY, STATE, ZIP				
					44221				
PHONE NUMBER					PHONE NUMBER				
					Cuyahoga Falls, OH				
DRIVER'S LICENSE NUMBER					DRIVER'S LICENSE NUMBER				
STATE OH					STATE OH				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
Palmieri Catherine					SAME				
ADDRESS					ADDRESS				
211 S. Chestnut St									
CITY, STATE ZIP					CITY, STATE, ZIP				
Kent OH 44240					SAME				
PHONE NUMBER					PHONE NUMBER				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
2012	KIA	Sorento	Gray		2025	Ford	F150	Red	
LICENSE PLATE NUMBER	STATE				LICENSE PLATE NUMBER	STATE			
H RF 7891	OH				HNA 4552	OH			
INSURANCE COMPANY					INSURANCE COMPANY				
State Farm 3442320-SFP-35					State Farm 1756945-SFP-35				
PARTS OF VEHICLE DAMAGED					PARTS OF VEHICLE DAMAGED				
<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT					<input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

Vehicle #2 was traveling eastbound at 1400 N. Mantua St. Vehicle #1 was stopped at stop sign in parking lot. Vehicle #1 did not see vehicle #2 and turned left striking vehicle #2. No Injuries.

SKETCH HOW ACCIDENT OCCURRED <i>Not to scale</i>	INDICATE NORTH BY ARROW

OFFICER/SUPERVISOR SIGNATURE
[Signature] # 2510

1400