

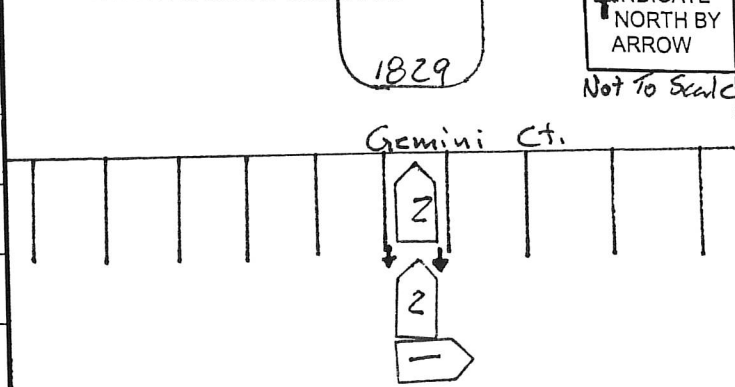


CR NUMBER 24-14578	ACCIDENT DATE 9-28-24	ACCIDENT TIME 0600	DAY OF WEEK Saturday	<input type="checkbox"/> DAYLIGHT <input checked="" type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1829 Gemini Court				WEATHER Cloudy
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Takas, Abigail K. 8-3-04	DRIVER LAST FIRST MIDDLE DOB Walters, Tara N. 5-13-05			
ADDRESS 3775 Cascade Oaks Trl	ADDRESS 1829 Gemini Ct			
CITY, STATE, ZIP PHONE NUMBER Richfield, OH 44286	CITY, STATE, ZIP PHONE NUMBER Kent, OH 44240			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Same			
ADDRESS	ADDRESS			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2024 MAZD CX-30. BLU	VEHICLE YEAR MAKE MODEL COLOR 2018 Honda Civic. WHI			
LICENSE PLATE NUMBER STATE K1W3508 OH	LICENSE PLATE NUMBER STATE KCH2042 OH			
INSURANCE COMPANY Progressive	INSURANCE COMPANY Nationwide			
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 checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 			

DESCRIBE HOW ACCIDENT OCCURRED

Unit 2 backed from the parking spot and struck Unit 1.

SKETCH HOW ACCIDENT OCCURRED



OFFICER /SUPERVISOR SIGNATURE

[Handwritten Signature] #250