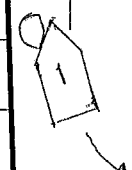

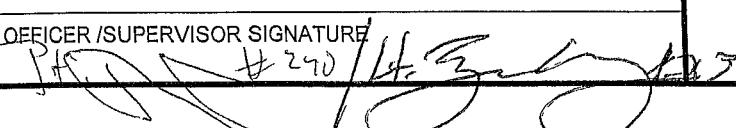


CR NUMBER 24-629	ACCIDENT DATE 01-16-24	ACCIDENT TIME 1204	DAY OF WEEK Tue	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St TRHS			WEATHER Snow	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Burke, Tanya L 7-27-07	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 5745 Argyle Dr	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Hudson OH 44236	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Burke, Jennifer L	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS 5745 Argyle Dr	ADDRESS			
CITY, STATE ZIP PHONE NUMBER Hudson OH 44236	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2012 KIA SIV Silver	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE 2DE1354 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY USAA-616094805967103	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" 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 Unit #1 was backing out of a parking spot and turned wide. Unit #1 struck a sign which pulled her front bumper off.				
SKETCH HOW ACCIDENT OCCURRED Is Approx - Not to Scale 1400 <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">1</div>  </div> <div style="text-align: right; margin-top: 10px;"> <input checked="" type="checkbox"/> INDICATE NORTH BY ARROW  </div> <div style="text-align: right; margin-top: 10px;"> N. Mantua St → </div>				
OFFICER /SUPERVISOR SIGNATURE  #290				