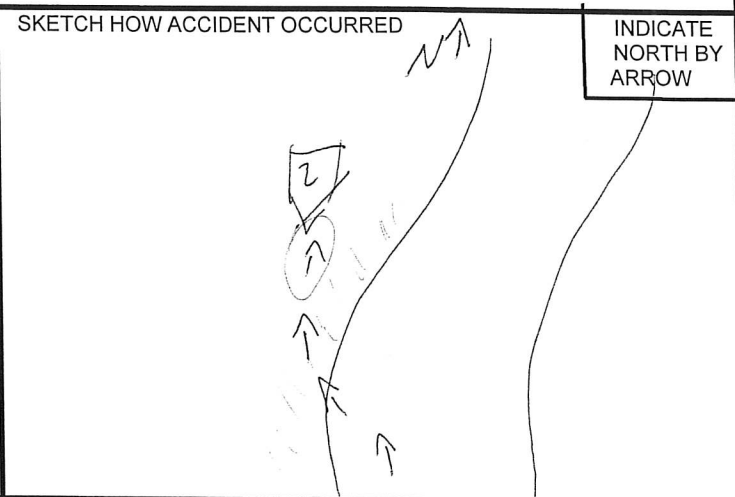


CR NUMBER <i>24-12417</i>	ACCIDENT DATE <i>8-23-24</i>	ACCIDENT TIME <i>2207</i>	DAY OF WEEK <i>Fri</i>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <i>1175 Hudson Rd <del>Hudson</del> Kent service road</i>			WEATHER <i>N/A</i>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB <i>Ucaolze Maxim</i>			
ADDRESS	ADDRESS <i>9251 Page Rd</i>			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <i>Streetsboro OH 44241</i>			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE <i>OH</i>			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <i>Sinkhovich Marina</i>			
ADDRESS	ADDRESS <i>384 Miner Rd</i>			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <i>Highland Hs OH 44143</i>			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR <i>2011 Toyota Corolla Gray</i>			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE <i>DWA8791 OH</i>			
INSURANCE COMPANY	INSURANCE COMPANY <i>Progressive</i>			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input 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 2 was driving at a high rate of speed on a service road, lost control & went off the roadway and flipped*



OFFICER /SUPERVISOR SIGNATURE  
*Dri3coll*