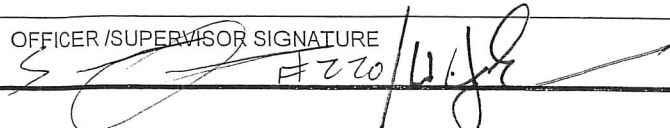


CR NUMBER <b>24-17949</b>	ACCIDENT DATE <b>11/27/24</b>	ACCIDENT TIME <b>1606</b>	DAY OF WEEK <b>Wens</b>	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>Parking lot of 143 Gougler Ave</b>			WEATHER <b>N/A</b>	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB <b>Mate Brittany Michele 09-10-98</b>	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS <b>9602 Tallmadge Rd</b>	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER <b>Diamond OH 44412</b>	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE <b>OH</b>	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Same</b>	VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>Coleman Professional Services</b>			
ADDRESS	ADDRESS <b>5982 Rhodes Rd</b>			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER <b>Kent OH 44240</b>			
VEHICLE YEAR MAKE MODEL COLOR <b>2021 Toyota Red Corolla</b>	VEHICLE YEAR MAKE MODEL COLOR <b>2022 Toyota Gray</b>			
LICENSE PLATE NUMBER STATE <b>JHS3763 OH</b>	LICENSE PLATE NUMBER STATE <b>JUP1983 OH</b>			
INSURANCE COMPANY <b>Progressive</b>	INSURANCE COMPANY			
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 checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Unit 2 was parked. Unit 1 pulled into the spot next to Unit 2. Unit 1 struck Unit 2. Unit 1 no new damage. There is a slight scuff on the wheelwell of Unit 2. I was unable to determine if it was new or old damage. Owner said it was new.				
OFFICER / SUPERVISOR SIGNATURE 			SKETCH HOW ACCIDENT OCCURRED	
			INDICATE NORTH BY ARROW 