

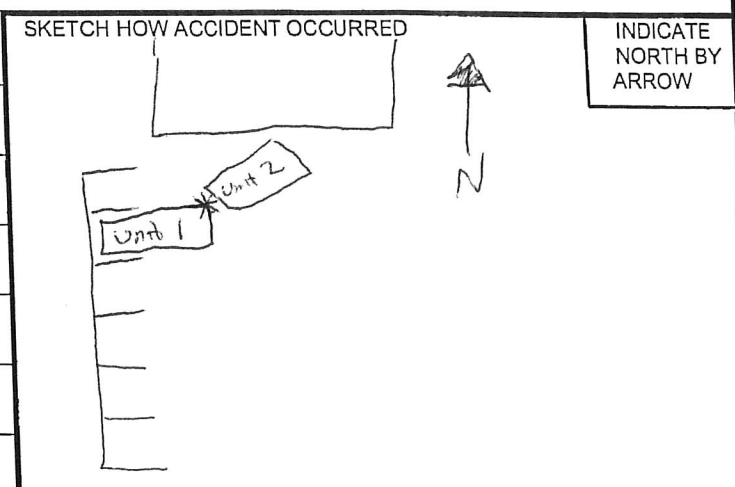
CR NUMBER <b>25-3825</b>	ACCIDENT DATE <b>2/21/25</b>	ACCIDENT TIME <b>2138</b>	DAY OF WEEK <b>Fri</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>400 Golden Oaks Dr. Bldg N</b>	WEATHER <b>Clear</b>
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST <b>SWA</b>	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
ADDRESS					ADDRESS				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
VEHICLE OWNER'S NAME LAST <b>Sykes</b>		FIRST <b>Cori</b>	MIDDLE <b>M</b>		VEHICLE OWNER'S NAME LAST		FIRST	MIDDLE	
ADDRESS <b>129 Deerfield Ln. Aurora</b>					ADDRESS				
CITY, STATE, ZIP <b>Aurora, OH 44202</b>			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
VEHICLE YEAR <b>2009</b>	MAKE <b>Toyota</b>	MODEL <b>Camry</b>	COLOR <b>Gray</b>		VEHICLE YEAR	MAKE	MODEL	COLOR	
LICENSE PLATE NUMBER <b>JAK3862</b>		STATE <b>OH</b>			LICENSE PLATE NUMBER		STATE		
INSURANCE COMPANY <b>Unk.</b>					INSURANCE COMPANY				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" 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

**Doordash driver backed into a parked car. Did not make contact with unit 2 who fled the scene. Owner of unit 1 was also not located.**



OFFICER /SUPERVISOR SIGNATURE