
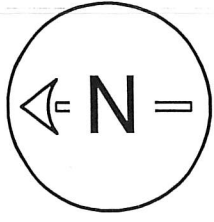


CR NUMBER 24-16027	ACCIDENT DATE 10-24-24	ACCIDENT TIME 0810	DAY OF WEEK Thurs	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 574 Longmere Dr			WEATHER Nice	
VEHICLE NO. 1		Unit VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB Rich, Cara C. 5-27-83			
ADDRESS	ADDRESS 574 Longmere Dr			
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICFNSF NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Garey, Brandon Mi			
ADDRESS	ADDRESS 574 Longmere Dr.			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
VEHICLE YEAR MAKE MODEL COLOR	VEHICLE YEAR MAKE MODEL COLOR 97 Honda Accord Green			
LICENSE PLATE NUMBER STATE	LICENSE PLATE NUMBER STATE HPN 1972 OH			
INSURANCE COMPANY	INSURANCE COMPANY State Farm			
PARTS OF VEHICLE DAMAGED	PARTS OF VEHICLE DAMAGED			
<input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT 				
DESCRIBE HOW ACCIDENT OCCURRED				
<p>Unit 1 was an unoccupied vehicle. Unit 2 Reached into unit 1 from the passenger side to start Unit 1. The vehicle is a manual and was in gear. The clutch safety has been disengaged so when the vehicle was started, it moved forward dragging Unit 2 along side. Unit 1 then struck two deck support poles. Unit 2 was injured and taken to the hospital.</p>				
SKETCH HOW ACCIDENT OCCURRED				INDICATE NORTH BY ARROW
<p>See Attachment</p>				
OFFICER / SUPERVISOR SIGNATURE Brooks 215 [Signature]				

24-16027



Not To Scale

