
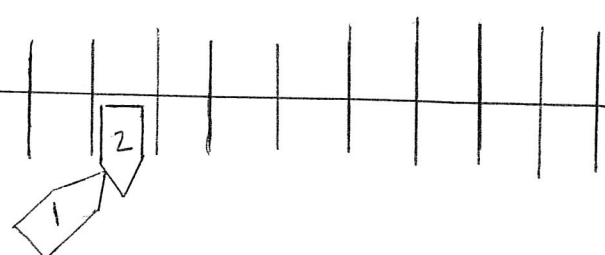


CR NUMBER 24-16552	ACCIDENT DATE 11-01-24	ACCIDENT TIME 1046	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1400 N. Mantua St (TRHS)			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Crookston Sloane D 11-12-06	DRIVER LAST FIRST MIDDLE DOB N/A			
ADDRESS 631 Vine St	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Crookston Kendra C	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Vandamme Jill			
ADDRESS 631 Vine St	ADDRESS 760 Admore Dr			
CITY, STATE ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER Kent OH 44278			
VEHICLE YEAR MAKE MODEL COLOR 2012 Chevy Colorado	VEHICLE YEAR MAKE MODEL COLOR 2012 Buick Encore Red			
LICENSE PLATE NUMBER STATE HKJ7755 OH	LICENSE PLATE NUMBER STATE KIN3552 OH			
INSURANCE COMPANY Nationwide 92345383984	INSURANCE COMPANY Grange 4947809			
PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED			
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #2 was unoccupied. Vehicle #1 pulled into a parking spot and struck Vehicle #2. This was in student parking lot at TRHS				
OFFICER /SUPERVISOR SIGNATURE 		SKETCH HOW ACCIDENT OCCURRED Not to Scale 		
		INDICATE NORTH BY ARROW 