

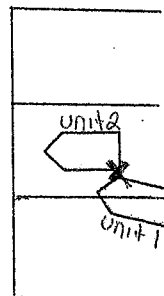
CR NUMBER 22-19233	ACCIDENT DATE 11/11/22-11/12/22	ACCIDENT TIME 9:30pm-9:30am	DAY OF WEEK Fri/Sat	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 5694 Rhodes Rd.			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Tucker Haily B 4-27-04	DRIVER LAST FIRST MIDDLE DOB unoccupied			
ADDRESS 330 Walnut Ridge Trl.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Aurora, OH 44202	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Tucker Chandra	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Moller Julia			
ADDRESS 330 Walnut Ridge Trl	ADDRESS 3743 Park Ridge Dr.			
CITY, STATE ZIP PHONE NUMBER Aurora, OH 44202	CITY, STATE, ZIP PHONE NUMBER Uniontown, OH 44685			
VEHICLE YEAR MAKE MODEL COLOR 2017 Subaru Forester black	VEHICLE YEAR MAKE MODEL COLOR 2021 Mazda CX-5 Red			
LICENSE PLATE NUMBER STATE HX26369 OH	LICENSE PLATE NUMBER STATE JTX4272 OH			
INSURANCE COMPANY Progressive	INSURANCE COMPANY Auto Owners			
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 checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			

DESCRIBE HOW ACCIDENT OCCURRED

Unit 2 was parked in a parking space, unoccupied. Unit 2 was parked there Friday 11-11-22 at 9:30pm and the owner returned Saturday 11-12-22 at 9:30am. Unit 1 had struck unit 2 when pulling in + left a note with a name and

phone number. I spoke with unit 1 and they admitted hitting unit 2, leaving the note. Unit 1 stated they had no damage.

SKETCH HOW ACCIDENT OCCURRED



↑
north

INDICATE NORTH BY ARROW

OFFICER/SUPERVISOR SIGNATURE

[Handwritten signature] 254/318 24.