
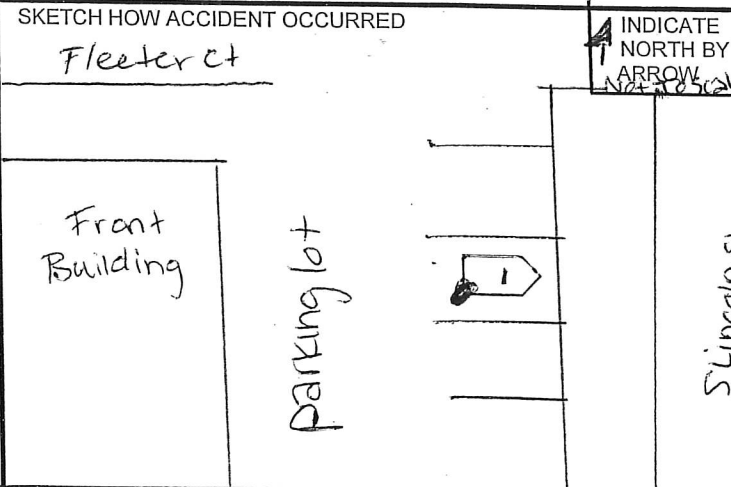


| | | | | |
|--|---|--------------------------------|---|--|
| CR NUMBER 24-15853 | ACCIDENT DATE 10/20/24 ^{10/21/24} | ACCIDENT TIME After 1830hrs | DAY OF WEEK SUN/MON | <input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) Fleeter Ct Parking Lot near roadway | | | WEATHER No Adverse | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | |
| DRIVER LAST FIRST MIDDLE DOB parked and unoccupied | | | DRIVER LAST FIRST MIDDLE DOB unknown | |
| 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 FIRST MIDDLE Ellis Judith Ann | | | VEHICLE OWNER'S NAME LAST FIRST MIDDLE unknown | |
| ADDRESS 2757 Wagar Rd. | | | ADDRESS | |
| CITY, STATE ZIP PHONE NUMBER Rocky River, OH 44116 | | | CITY, STATE, ZIP PHONE NUMBER | |
| VEHICLE YEAR MAKE MODEL COLOR 2015 Toyota Camry Gray | | | VEHICLE YEAR MAKE MODEL COLOR unknown | |
| LICENSE PLATE NUMBER STATE ENC1133 OH | | | LICENSE PLATE NUMBER STATE | |
| INSURANCE COMPANY State Farm | | | 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 | | | | |
| Unit 1 was parked and unoccupied on the southside of Fleeter Ct in the front parking spaces. An unknown vehicle struck unit 1 during the night and left the scene. There did not appear to be any cameras in the area or any witnesses | | | | |
| OFFICER /SUPERVISOR SIGNATURE Ofc #251 [Signature] | | | SKETCH HOW ACCIDENT OCCURRED | |
| | | | Fleeter Ct  | |