CR NUMBER	ACCIDENT DATE	ACCIDENT TIME	WEEK DAWN OR DUSK
24-586	1-15-24	1012	
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) WEATHER			
can /	Shodes Rd.		No Adverse
<u> 5001 /</u>	spaces 150.	<b>化数学系数学表</b>	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST F	FIRST MIDDLE DO	OB	DRIVER LAST FIRST MIDDLE DOB
ADDRESS			ADDRESS UNKNOWN
ADDINESS			ADDITION
CITY, STATE, ZIP	PHONE NUMBER	R	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUM	MBER S	TATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAM	÷ .	IIDDLE	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
Miller, Tricia A.			Linkhown
ADDRESS	. A was		ADDRESS
1364 Catt	erine Ave. Ext	DED'	CITY, STATE, ZIP PHONE NUMBER
CITY, STATE ZIP	PHONE NUM	DEK (	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR	OH 44250 MAKE MODEL C	COLOR	VEHICLE YEAR MAKE MODEL COLOR
	uy Cruze Go		VEHICLE TEAR WINTE WOBLE GOLOR
LICENSE PLATE	NUMBER STATE	10	LICENSE PLATE NUMBER STATE
	2 OH		
INSURANCE COMPANY			INSURANCE COMPANY
Safeca	Pol # K360044	3	
		RIGHT	PARTS OF   FRONT   REAR   LEFT   RIGHT
VEHICLE			VEHICLE
DAMAGED	Bunger		DAMAGED
DESCRIBE HOW ACCIL	DENT OCCURRED		
Vehicle #1 was parked facing South on the North Side of 5001 Rhocks Rd. Vehicle #1 was struck on			
	?		Value of the same
Side of	- 5001 Rhook	25 /20)	Venicle "I was struck on
		_	1/2/2 10
the rear	burger by	an w	nknown Vehicle.
		,	SKETCH HOW ACCIDENT OCCURRED INDICATE
			\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
			NOT TO
			Scale
	OD CICHATURE /		
OFFICER /SUPERVIS	OR SIGNATURE		5001 Bhodes Rd.
1. Col	LIV VICE		JUDI KNADES 120.