

CR NUMBER 24-12987	ACCIDENT DATE 09/01	ACCIDENT TIME 1300 HRS	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
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LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1805 Gemini Ct, Kent, OH 44240	WEATHER No Adverse
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB Sabiech Genia Mary 11/07/02	DRIVER LAST FIRST MIDDLE DOB Unknown
ADDRESS 1805 Gemini Ct	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 Sabiech Robert Joseph	VEHICLE OWNER'S NAME LAST FIRST MIDDLE
ADDRESS 17398 Waterbridge Dr	ADDRESS
CITY, STATE ZIP PHONE NUMBER North Royalton, OH 44135	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2013 Toyota 4S Blue	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE HPX 3745 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY State Farm 2071846-SFP-35	INSURANCE COMPANY
PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED

DESCRIBE HOW ACCIDENT OCCURRED

Unit 1 was struck on the front right side by an unknown vehicle.

OFFICER / SUPERVISOR SIGNATURE [Signature]	SKETCH HOW ACCIDENT OCCURRED	INDICATE NORTH BY ARROW
	[Sketch: Unit 1, Gemini Ct, Not To Scale]	