

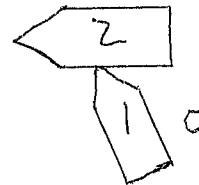
|  |  |                                     |                    |  |
|--|--|-------------------------------------|--------------------|--|
| CR NUMBER<br>24-938  | ACCIDENT DATE<br>1-23-24   | ACCIDENT TIME<br>1434               | DAY OF WEEK<br>Mon | <input checked="" type="checkbox"/> DAYLIGHT<br><input type="checkbox"/> DAWN OR DUSK<br><input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION)<br>1400 N. Mantua St (TRHS)   |  |                                     | WEATHER<br>Clear   |  |
| VEHICLE NO. 1  |  | VEHICLE NO. 2 (OR PROPERTY DAMAGED) |                    |  |
| DRIVER LAST FIRST MIDDLE DOB<br>Urban, Addyson R 02-06-07  | DRIVER LAST FIRST MIDDLE DOB<br>Hanson, Michael W 03-19-81   |                                     |                    |  |
| ADDRESS<br>5412 Celeste View Dr  | ADDRESS<br>833 Marilyn St  |                                     |                    |  |
| CITY, STATE, ZIP PHONE NUMBER<br>Stow OH 44224 (see owner)   | CITY, STATE, ZIP PHONE NUMBER<br>Kent OH 44240   |                                     |                    |  |
| DRIVER'S LICENSE NUMBER STATE<br>OH  | DRIVER'S LICENSF NI IMFRF STATE<br>OH  |                                     |                    |  |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>Urban, Brian J   | VEHICLE OWNER'S NAME LAST FIRST MIDDLE<br>SAME   |                                     |                    |  |
| ADDRESS<br>1067 Crestview Cir  | ADDRESS  |                                     |                    |  |
| CITY, STATE ZIP PHONE NUMBER<br>Kent OH 44240  | CITY, STATE, ZIP PHONE NUMBER  |                                     |                    |  |
| VEHICLE YEAR MAKE MODEL COLOR<br>. 2011 Toyota RAV4 Red  | VEHICLE YEAR MAKE MODEL COLOR<br>. 2012 KIA Sportage Gray  |                                     |                    |  |
| LICENSE PLATE NUMBER STATE<br>KCL 6208 OH  | LICENSE PLATE NUMBER STATE<br>HRW 8135 OH  |                                     |                    |  |
| INSURANCE COMPANY<br>State Farm  | INSURANCE COMPANY<br>Geico 4203-34. 87-52  |                                     |                    |  |
| PARTS OF VEHICLE DAMAGED<br><input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | PARTS OF VEHICLE DAMAGED<br><input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT |                                     |                    |  |

DESCRIBE HOW ACCIDENT OCCURRED

Vehicle #1 had a stop sign. Vehicle #2 had a right of way in parking lot. Vehicle #1 began turning left and struck the side of Unit #2

SKETCH HOW ACCIDENT OCCURRED

INDICATE NORTH BY ARROW



OFFICER / SUPERVISOR SIGNATURE

*[Signature]* #240

APPROX - NOT TO SCALE