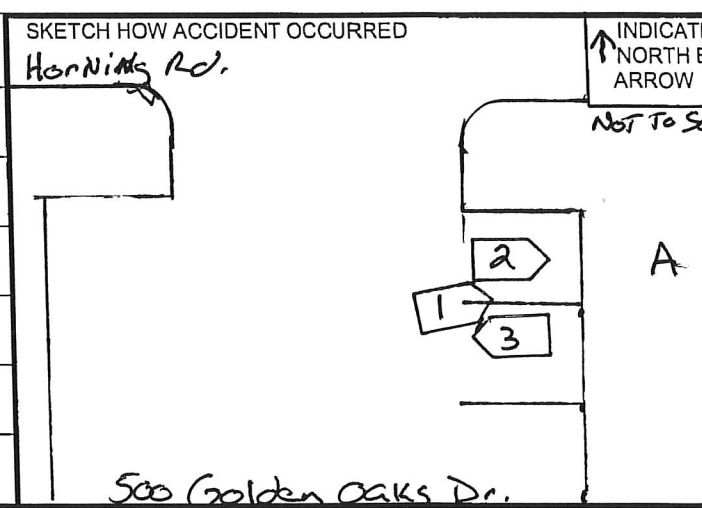


CR NUMBER 24-18226	ACCIDENT DATE 12-05-24	ACCIDENT TIME 1229	DAY OF WEEK Thursday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 Golden Oaks Dr. A			WEATHER Snow	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Bell, Xavier A. 8-16-04	DRIVER LAST FIRST MIDDLE DOB Parked			
ADDRESS 500 Golden Oaks Dr. K1096		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 Bell, Timothy		VEHICLE OWNER'S NAME LAST FIRST MIDDLE Rakauskas, Mark		
ADDRESS 1139 Rutherford Rd.		ADDRESS 1714 Grist Mill Dr. Northeast		
CITY, STATE ZIP HTS. PHONE NUMBER Cleveland OH 44112		CITY, STATE, ZIP PHONE NUMBER North East PA 16428		
VEHICLE YEAR MAKE MODEL COLOR 2003 Toyota Corolla Blue		VEHICLE YEAR MAKE MODEL COLOR 2014 Chevy Impala Black		
LICENSE PLATE NUMBER STATE KKV9411 OH		LICENSE PLATE NUMBER STATE DVD6333 OH		
INSURANCE COMPANY Allstate		INSURANCE COMPANY Liberty AOS2882999284048		
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Driver Side		PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Passenger Side		
DESCRIBE HOW ACCIDENT OCCURRED Vehicle #1 turned south into the parking lot of 500 Golden Oaks Dr. Vehicle #1 lost control and struck Vehicle #2 and #3.				
OFFICER/SUPERVISOR SIGNATURE T. Cole		SKETCH HOW ACCIDENT OCCURRED Hornings Rd. 		

CR NUMBER 24-18226	ACCIDENT DATE 12-05-24	ACCIDENT TIME 1229	DAY OF WEEK Thursday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK				
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 Golden Oaks Dr. A			WEATHER Snow					
VEHICLE NO. 3		VEHICLE NO. 2 (OR PROPERTY DAMAGED)						
DRIVER LAST FIRST MIDDLE DOB Parked	DRIVER LAST FIRST MIDDLE DOB							
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 Pollack, Paul F.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE							
ADDRESS 17605 Reeves Rd.	ADDRESS							
CITY, STATE ZIP PHONE NUMBER Middlefield OH 44062	CITY, STATE, ZIP PHONE NUMBER							
VEHICLE YEAR MAKE MODEL COLOR 2021 Jeep Wrangler Black	VEHICLE YEAR MAKE MODEL COLOR							
LICENSE PLATE NUMBER STATE JNA1306 OH	LICENSE PLATE NUMBER STATE							
INSURANCE COMPANY Progressive 977823976	INSURANCE COMPANY							
PARTS OF <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Bumper	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED							
DESCRIBE HOW ACCIDENT OCCURRED								
					SKETCH HOW ACCIDENT OCCURRED			INDICATE NORTH BY ARROW
OFFICER/SUPERVISOR SIGNATURE T. Cole								