


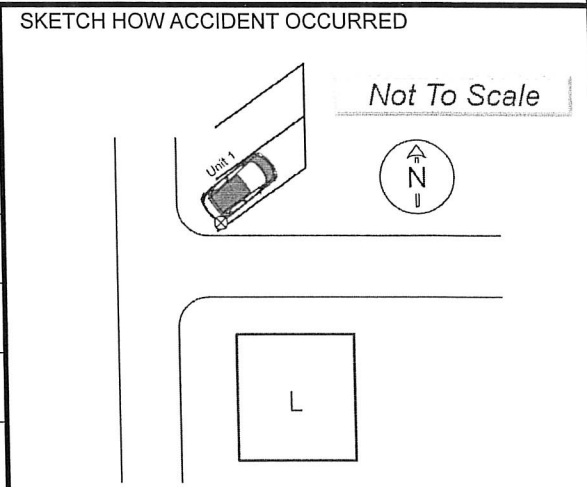
CR NUMBER 24-6135	ACCIDENT DATE 4/27/24-4/28/24	ACCIDENT TIME Unknown	DAY OF WEEK SAT/SUN	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
----------------------	----------------------------------	--------------------------	------------------------	---

LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 500 GOLDEN OAKS DR	WEATHER FAIR
--	-----------------

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER	LAST	FIRST	MIDDLE	DOB	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 OLEG, MELNYK					VEHICLE OWNER'S NAME				
ADDRESS 420 CUBBAGE ST					ADDRESS				
CITY, STATE ZIP CARNEGIE, PA 15106			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
LICENSE PLATE		NUMBER	STATE		LICENSE PLATE		NUMBER	STATE	
INSURANCE COMPANY ERIE Q041615197					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 nearn building L at 500 Golden Oaks Dr. Sometime between 4-27-24 at approximately 0600 hours and 1430 hours on 4-28-24 Unit #1 was struck. The other vehicle left without leaving any information.

OFFICER /SUPERVISOR SIGNATURE 	SKETCH HOW ACCIDENT OCCURRED 	INDICATE NORTH BY
--	--	-------------------