

CR NUMBER 23-11145	ACCIDENT DATE 2/17/23	ACCIDENT TIME 1300	DAY OF WEEK Monday	<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) 519 Lake St.	WEATHER Clear
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VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB Unoccupied	DRIVER LAST FIRST MIDDLE DOB Unknown								
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 Healan Courtney	VEHICLE OWNER'S NAME LAST FIRST MIDDLE								
ADDRESS 22880 W. Minster Dr.	ADDRESS								
CITY, STATE ZIP PHONE NUMBER N. Olmsted, OH 44070	CITY, STATE, ZIP PHONE NUMBER								
VEHICLE YEAR MAKE MODEL COLOR 2017 Toyota Camry Blue	VEHICLE YEAR MAKE MODEL COLOR								
LICENSE PLATE NUMBER STATE SST5132 OH	LICENSE PLATE NUMBER STATE								
INSURANCE COMPANY State Farm 3635186-SFP-35	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

Unknown vehicle 2 struck the rear right quarter panel of unit 1. Vehicle 1 was a parked unoccupied vehicle. Vehicle 2 is believed to be a champagne colored Ford Taurus or Fusion.

Abigail Healan 8/15/01

OFFICER /SUPERVISOR SIGNATURE
[Signature] 241 *[Signature]*

