

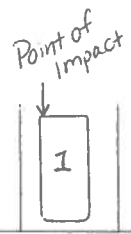
CR NUMBER 16-24785	ACCIDENT DATE 11/05/16	ACCIDENT TIME 0935AM	DAY OF WEEK SAT	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 609 S. Lincoln St. Apt. P (Parking Lot)			WEATHER No Adverse	

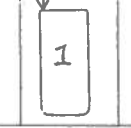
VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)
DRIVER LAST FIRST MIDDLE DOB unoccupied	DRIVER LAST FIRST MIDDLE DOB Unknown
ADDRESS	ADDRESS
CITY, STATE, ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER
DRIVER'S LICENSE NUMBER STATE	DRIVER'S LICENSE NUMBER STATE
VEHICLE OWNER'S NAME LAST FIRST MIDDLE Reed, Nancy, J.	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Unknown
ADDRESS 424 Hawthorne Trl.	ADDRESS
CITY, STATE ZIP PHONE NUMBER Cortland, OH 44410 (330) 719-2033	CITY, STATE, ZIP PHONE NUMBER
VEHICLE YEAR MAKE MODEL COLOR 2007 TOYT. Tacoma BLUE	VEHICLE YEAR MAKE MODEL COLOR
LICENSE PLATE NUMBER STATE GYE9066 OH	LICENSE PLATE NUMBER STATE
INSURANCE COMPANY Westfield Ins. #UXP5051983	INSURANCE COMPANY
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Rear right bumper	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED Headlight or taillight

DESCRIBE HOW ACCIDENT OCCURRED
 UNIT 1 was Parked on the north side of Building "P" at 609 S Lincoln St (The Province Apts). Unit was wstruck Sometime overnight between 12:30 AM - 09:35 AM. Suspect vehicle left light green and/or white paint transfer and has a broken headlight or taillight.

SKETCH HOW ACCIDENT OCCURRED


S. Lincoln St.

Point of Impact




INDICATE
 IMPACT BY
 ARROW

Not to Scale

OFFICER /SUPERVISOR SIGNATURE
 OFC. LLEWELLYN #242  #228

609 S. Lincoln St. Building P