

CR NUMBER 110-24785	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		
		INDICATE IMPACT BY ARROW		
		Not to Scale		
		609 S. Lincoln St. Building P		
OFFICER /SUPERVISOR SIGNATURE OFC. LLEWELLYN #242 [Signature] #228				