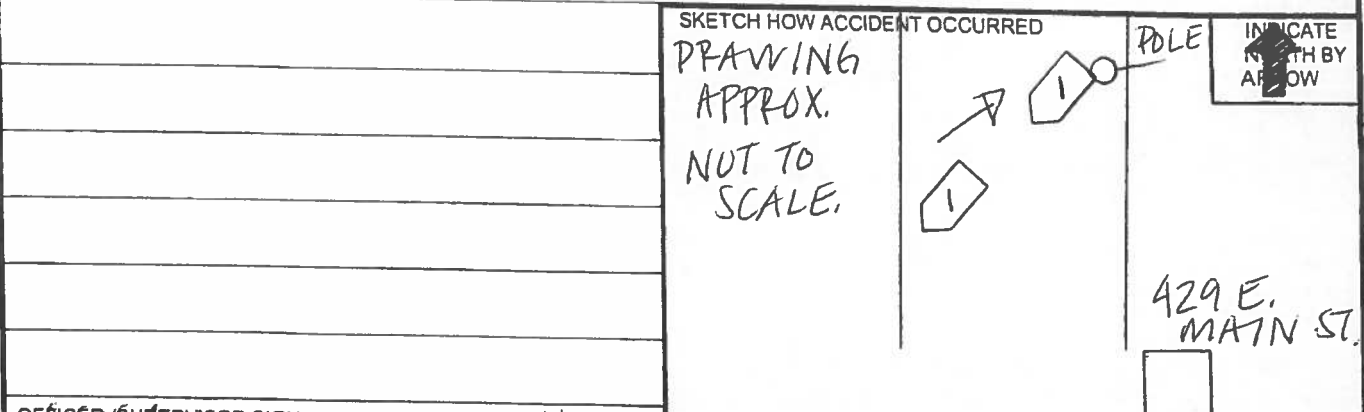


CR NUMBER <b>20-2865</b>	ACCIDENT DATE <b>2-8-20</b>	ACCIDENT TIME <b>2036</b>	DAY OF WEEK <b>SAT</b>	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) <b>429 E. MAIN ST.</b>			WEATHER <b>NO ADVERSE</b>	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
<b>GOLDEN</b>	<b>ANDREA</b>	<b>L</b>	<b>9-12-79</b>						
ADDRESS <b>3664 KENT RD. APT. D7</b>					ADDRESS				
CITY, STATE, ZIP <b>STOW, OH, 44224</b>					CITY, STATE, ZIP PHONE NUMBER				
DRIVER'S LICENSE NUMBER <b>RP571620</b>					DRIVER'S LICENSE NUMBER STATE <b>OH</b>				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE <b>SAME.</b>					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
ADDRESS					ADDRESS				
CITY, STATE ZIP PHONE NUMBER					CITY, STATE, ZIP PHONE NUMBER				
VEHICLE YEAR	MAKE	MODEL	COLOR		VEHICLE YEAR	MAKE	MODEL	COLOR	
<b>2019</b>	<b>KIA</b>	<b>SORENTO</b>	<b>GRY</b>						
LICENSE PLATE NUMBER STATE <b>6HP9774 OH</b>					LICENSE PLATE NUMBER STATE				
INSURANCE COMPANY <b>ERIE - 0077406849</b>					INSURANCE COMPANY				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input 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  
**VEHI BACKED OUT OF HER PARKING SPACE INTO A POLE. The pole was not damaged.**



OFFICER / SUPERVISOR SIGNATURE  
**Det. [Signature] #212 / Lt. Ennemasser #209**

**E. MAIN ST.**