

CR NUMBER 25-17984	ACCIDENT DATE 12/29/2025	ACCIDENT TIME 1216	DAY OF WEEK MON	<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) 501 LAKE ST	WEATHER SNOW
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VEHICLE NO. 1	VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST FIRST MIDDLE DOB DEMIA NOV, DAVONTE 02/25/2003	DRIVER LAST FIRST MIDDLE DOB				
ADDRESS 7616 NEW YORK Ave	ADDRESS				
CITY, STATE, ZIP CLEVELAND, OH 44105	PHONE NUMBER	CITY, STATE, ZIP	PHONE NUMBER		
DRIVER'S LICENSE NUMBER	STATE OH	DRIVER'S LICENSE NUMBER	STATE		
VEHICLE OWNER'S NAME LAST FIRST MIDDLE EAN Holdings LLC	VEHICLE OWNER'S NAME LAST FIRST MIDDLE 501-545 LAKE STREET LLC				
ADDRESS 554 WATER St	ADDRESS 1655 WOODWAY RD				
CITY, STATE ZIP CHARDON, OH 44024	PHONE NUMBER	CITY, STATE ZIP KENT, OH 44240	PHONE NUMBER		
VEHICLE YEAR MAKE MODEL COLOR 2023 HIND TRUCK WHITE	VEHICLE YEAR MAKE MODEL COLOR				
LICENSE PLATE NUMBER STATE PLJ 3977 OH	LICENSE PLATE NUMBER STATE				
INSURANCE COMPANY PROGRESSIVE 995593842	INSURANCE COMPANY				
PARTS OF <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED	PARTS OF <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT VEHICLE DAMAGED				

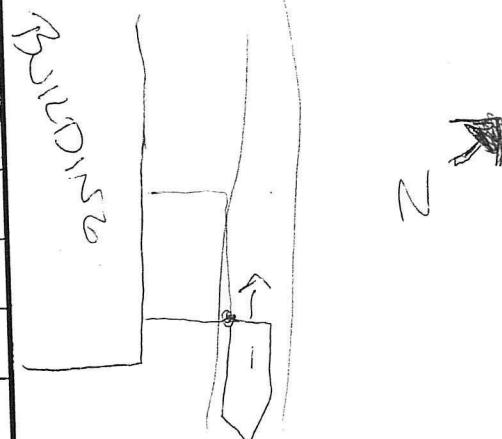
DESCRIBE HOW ACCIDENT OCCURRED

UNIT 1 WAS REVERSING IN DRIVEWAY TO APARTMENT COMPLEX  
AND STRUCK AWNING AT 501/503 LAKE ST.

VEHICLE WAS RENTED FOR USE BY FAST LANE SERVICES LLC

216-799-2757

SKETCH HOW ACCIDENT OCCURRED



INDICATE NORTH BY ARROW

OFFICER/SUPERVISOR SIGNATURE

B. Fectoar #242 LTS 25-