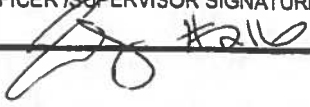
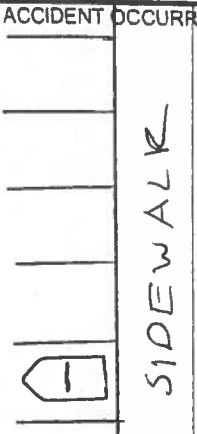
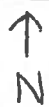


CR NUMBER 20-5449	ACCIDENT DATE 3-15-20	ACCIDENT TIME 1537	DAY OF WEEK SUN	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 271 Dale Dr. (Parking Lot)			WEATHER Clear	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB	DRIVER LAST FIRST MIDDLE DOB			
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	VEHICLE OWNER'S NAME LAST FIRST MIDDLE			
ADDRESS Reed, Timothy J.	ADDRESS			
ADDRESS 14261 Pine Lakes Dr.	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Strongsville OH 44136	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 2012 Honda Civic Gray	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE HFQ8429 OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY State Farm	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT Scratches	PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			
DESCRIBE HOW ACCIDENT OCCURRED Damage to right front of unit 1 was caused sometime overnight between 03-14-20 and 03-15-20. No surveillance cameras in the area and no suspect vehicle.				
OFFICER / SUPERVISOR SIGNATURE 		SKETCH HOW ACCIDENT OCCURRED 		INDICATE NORTH BY ARROW  271 Dale Dr. <i>Not to Scale</i>