

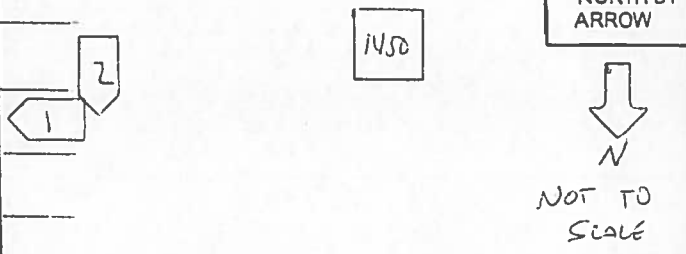
CR NUMBER 20-2753	ACCIDENT DATE 2-7-20	ACCIDENT TIME 0830	DAY OF WEEK FRI	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1450 E Summit St			WEATHER Snow	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
					BASHAM	ASIA	E	10-14-97	
ADDRESS					ADDRESS				
131 Eastbrook Dr					1450 E Summit St # 524				
CITY, STATE, ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Euclid OH 44132					Kent OH 44240				
DRIVER'S LICENSE NUMBER			STATE		DRIVER'S LICENSE NUMBER			STATE	
			OH		04908673			OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE					VEHICLE OWNER'S NAME LAST FIRST MIDDLE				
POMNEAN ROBERT					SAME				
ADDRESS					ADDRESS				
131 Eastbrook Dr									
CITY, STATE ZIP			PHONE NUMBER		CITY, STATE, ZIP			PHONE NUMBER	
Euclid OH 44132									
VEHICLE	YEAR	MAKE	MODEL	COLOR	VEHICLE	YEAR	MAKE	MODEL	COLOR
05	DODGE	STRATUS	SIL		2013	HYUN	ELANTRA		GRAY
LICENSE PLATE NUMBER		STATE			LICENSE PLATE NUMBER		STATE		
HNW 516Z		OH			HWA 7504		OH		
INSURANCE COMPANY					INSURANCE COMPANY				
STATE FARM 940 829 7515 35A					PROGRESSIVE 923 955 091				
PARTS OF VEHICLE DAMAGED	<input type="checkbox"/> FRONT	<input checked="" type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input checked="" type="checkbox"/> RIGHT	PARTS OF VEHICLE DAMAGED	<input checked="" type="checkbox"/> FRONT	<input type="checkbox"/> REAR	<input type="checkbox"/> LEFT	<input checked="" type="checkbox"/> RIGHT

DESCRIBE HOW ACCIDENT OCCURRED

UNIT # 1 WAS PARKED AND UNLOCKED AT 1450 E SUMMIT ST.
 UNIT # 2 WAS DRIVING THROUGH THE PARKING LOT AND SLID
 ON ICE. UNIT # 2 STRUCK UNIT # 1

SKETCH HOW ACCIDENT OCCURRED



OFFICER / SUPERVISOR SIGNATURE

[Signature]
 243

E Summit St