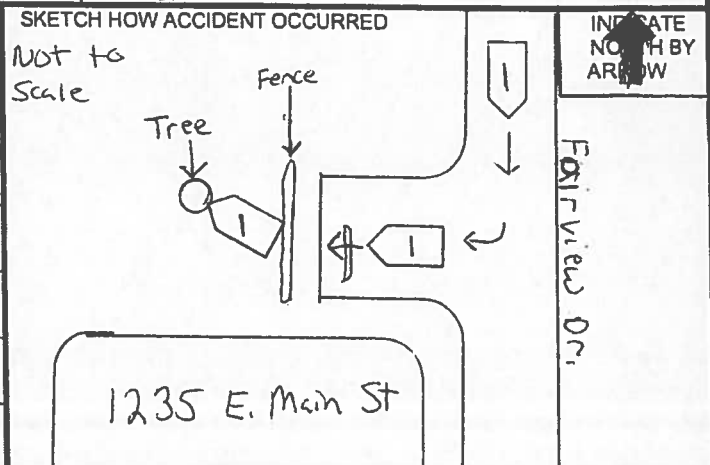


CR NUMBER 20-3696	ACCIDENT DATE 2-19-20	ACCIDENT TIME 2:45	DAY OF WEEK WED	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input checked="" type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1235 E. Main St Kent OH 44240			WEATHER cloudy	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB Savickas, Suzann 9-23-79	DRIVER LAST FIRST MIDDLE DOB			
ADDRESS 1235 E. Main St #3	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240	CITY, STATE, ZIP PHONE NUMBER			
DRIVER'S LICENSE NUMBER STATE RPO32846 OH	DRIVER'S LICENSE NUMBER STATE property			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME	VEHICLE OWNER'S NAME LAST FIRST MIDDLE Paisley, Debra G.			
ADDRESS	ADDRESS 1235 E. Main St Apt 2			
CITY, STATE ZIP PHONE NUMBER	CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			
VEHICLE YEAR MAKE MODEL COLOR 2010 Toyota Corolla Blk	VEHICLE YEAR MAKE MODEL COLOR			
LICENSE PLATE NUMBER STATE SURREAL OH	LICENSE PLATE NUMBER STATE			
INSURANCE COMPANY Progressive 90738824	INSURANCE COMPANY			
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input 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
 On 2-19-20 Unit #1 was traveling S/B on Fairview Dr. When pulling into her driveway off of Fairview Dr she accelerated instead of hitting the break. Unit #1 Drove over the parking curb, through the yard fence and into the tree.



OFFICER / SUPERVISOR SIGNATURE
 Brooks 215 / Lt. Ennesmer #229