

CR NUMBER 20-14874	ACCIDENT DATE 9-14-20	ACCIDENT TIME 0600-0800	DAY OF WEEK Monday	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1800 Rhodes RD			WEATHER Clear	
VEHICLE NO. 1			VEHICLE NO. 2 (OR PROPERTY DAMAGED)	
DRIVER LAST FIRST MIDDLE DOB Korogo Terebo 0630-1992			DRIVER LAST FIRST MIDDLE DOB Dillon Michael Lee 06-29-78	
ADDRESS 1800 Rhodes RD Apt 411			ADDRESS 409 Mishler RD	
CITY, STATE, ZIP PHONE NUMBER Kent OH 44240			CITY, STATE, ZIP PHONE NUMBER Mogadore OH 44260	
DRIVER'S LICENSE NUMBER STATE OH			DRIVER'S LICENSE NUMBER STATE OH	
VEHICLE OWNER'S NAME LAST FIRST MIDDLE S.A.A			VEHICLE OWNER'S NAME LAST FIRST MIDDLE Hively Janet M	
ADDRESS			ADDRESS 409 Mishler RD	
CITY, STATE ZIP PHONE NUMBER			CITY, STATE, ZIP PHONE NUMBER Mogadore OH 44260	
VEHICLE YEAR MAKE MODEL COLOR 2015 Merz C300 Gray			VEHICLE YEAR MAKE MODEL COLOR 2004 Ford TK Gray	
LICENSE PLATE NUMBER STATE 395ZFC OH			LICENSE PLATE NUMBER STATE HXL9270 OH	
INSURANCE COMPANY Progressive 930098542			INSURANCE COMPANY American family 195432550383FPPA-OH	
PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT Drivers side			PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input checked="" type="checkbox"/> RIGHT	
DESCRIBE HOW ACCIDENT OCCURRED See attached narrative.				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>OFFICER / SUPERVISOR SIGNATURE [Signature] #260 / Lt. Short #228</p> </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p>SKETCH HOW ACCIDENT OCCURRED</p> <p style="text-align: right;">INDICATE NORTH BY ARROW</p> </div> </div>				