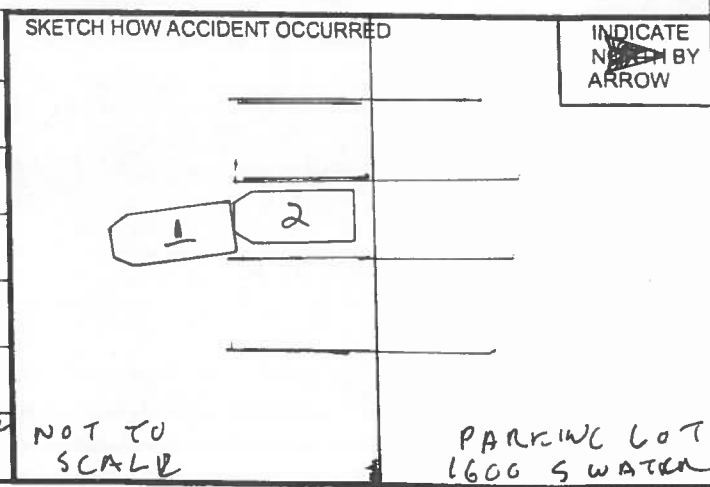


CR NUMBER 20-13616	ACCIDENT DATE 08/26/20	ACCIDENT TIME 1230	DAY OF WEEK WED	<input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK
LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 1600 S WATER ST			WEATHER CLEAR	

VEHICLE NO. 1					VEHICLE NO. 2 (OR PROPERTY DAMAGED)				
DRIVER LAST	FIRST	MIDDLE	DOB		DRIVER LAST	FIRST	MIDDLE	DOB	
HUGHES	NATHAN	A	06/13/87						
ADDRESS 1850 SENECA BLVD APT 204					ADDRESS				
CITY, STATE, ZIP BROADVIEW HTS OH 44147					CITY, STATE, ZIP PHONE NUMBER				
DRIVER'S LICENSE NUMBER STATE OH					DRIVER'S LICENSE NUMBER STATE				
VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME					VEHICLE OWNER'S NAME LAST FIRST MIDDLE ROKNICH CHLOE E				
ADDRESS					ADDRESS 540 S WATER ST #609				
CITY, STATE ZIP PHONE NUMBER					CITY, STATE, ZIP PHONE NUMBER KENT OH 44240				
VEHICLE YEAR MAKE MODEL COLOR					VEHICLE YEAR MAKE MODEL COLOR				
05 TOYOTA Cam WHITE					14 JEEP COMPASS GREY				
LICENSE PLATE NUMBER STATE					LICENSE PLATE NUMBER STATE				
JCG 6093 OH					HYP 5868 OH				
INSURANCE COMPANY STATE FARM					INSURANCE COMPANY GENERA				
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT NONE					PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT				

DESCRIBE HOW ACCIDENT OCCURRED

UNIT 1 WAS BACKING UP IN THE PARKING LOT OF 1600 S WATER ST (MARCS.) UNIT 1 BACKED INTO THE FRONT OF UNIT 2, WHICH WAS PARKED



OFFICER /SUPERVISOR SIGNATURE
PTL DAVENAK #226/AM #20