


CR NUMBER 20-12668	ACCIDENT DATE 08/12/20	ACCIDENT TIME 1208	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) 1412 S WATER ST			WEATHER CLEAR	
VEHICLE NO. 1		VEHICLE NO. 2 (OR PROPERTY DAMAGED)		
DRIVER LAST FIRST MIDDLE DOB BAI HE 04/29/99	DRIVER LAST FIRST MIDDLE DOB BYTYQI ISUF 09/10/85			
ADDRESS 721 MORNE RD	ADDRESS 519 W 41ST ST			
CITY, STATE, ZIP PHONE NUMBER AKRON OH 44313	CITY, STATE, ZIP PHONE NUMBER ASHTABULA OH 44004			
DRIVER'S LICENSE NUMBER STATE OH	DRIVER'S LICENSE NUMBER STATE OH			
VEHICLE OWNER'S NAME LAST FIRST MIDDLE JIA YIXUAN	VEHICLE OWNER'S NAME LAST FIRST MIDDLE SAME			
ADDRESS 1191 SOUTHPORT AVE	ADDRESS			
CITY, STATE, ZIP PHONE NUMBER CUYAHOGA FALLS OH 44221	CITY, STATE, ZIP PHONE NUMBER			
VEHICLE YEAR MAKE MODEL COLOR 18 LANDROVER RANGE ROVER BLK	VEHICLE YEAR MAKE MODEL COLOR 00 TOY SIENNA GOLD			
LICENSE PLATE NUMBER STATE HMK 2501 OH	LICENSE PLATE NUMBER STATE HZ 57033 OH			
INSURANCE COMPANY PROGRESSIVE	INSURANCE COMPANY GENERAL			
PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER	PARTS OF VEHICLE DAMAGED <input checked="" type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT BUMPER			
DESCRIBE HOW ACCIDENT OCCURRED UNIT 1 WAS STOPPED AT THE EXIT OF UNIVERSITY PLAZA WAITING TO EXIT. UNIT 2 STRUCK UNIT 1 IN THE REAR				
OFFICER / SUPERVISOR SIGNATURE PTC ORRAN #221/wh			SKETCH HOW ACCIDENT OCCURRED NOT TO SCALE  S. WATER ST.	
UNIVERSITY PLAZA			INDICATE NORTH BY ARROW	