



STOW POLICE DEPARTMENT

PRIVATE PROPERTY ACCIDENT REPORT/MINOR TRAFFIC ACCIDENT REPORT

INCIDENT NUMBER **25-10887**
 DATE **6/25/2025** TIME **1732**

Private Property Private Property - Hit/Skip Minor Traffic Accident

LOCATION - ADDRESS
2940 Heatherwood Ct.

DRIVER #1 - NAME (Last, First, Middle) **Falvy, Carolyn, Joan** PHONE **234-380-0012**

ADDRESS **2940 Heatherwood Ct.** CITY **Stow** STATE **OH** ZIP **44224**

SSN [REDACTED] DATE OF BIRTH **7/6/1949** DRIVER'S LICENSE NUMBER [REDACTED] STATE **OH**

VEHICLE #1 OWNER #1 - NAME (Last, First, Middle) SAME AS DRIVER #1 PHONE **-**

ADDRESS **-** CITY **-** STATE **-** ZIP **-**

SSN **-** DATE OF BIRTH **-** DRIVER'S LICENSE NUMBER **-** STATE **-**

VEHICLE LICENSE# **GVQ 5058** STATE **OH** YEAR **2023** MAKE **Mazda** MODEL **Cx-5** COLOR **Silver**

INSURANCE COMPANY **Grange** POLICY NUMBER **5054326**

PARTS OF VEHICLE DAMAGED **Front bumper** CONTRIBUTING CIRCUMSTANCES **ACDA**

VEHICLE #2 DRIVER #2 - NAME (Last, First, Middle) PHONE

ADDRESS CITY STATE ZIP

SSN DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE

VEHICLE #2 OWNER #2 - NAME (Last, First, Middle) SAME AS DRIVER #2 PHONE

ADDRESS CITY STATE ZIP

SSN DATE OF BIRTH DRIVER'S LICENSE NUMBER STATE

VEHICLE LICENSE # STATE YEAR MAKE MODEL COLOR

INSURANCE COMPANY POLICY NUMBER

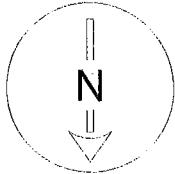
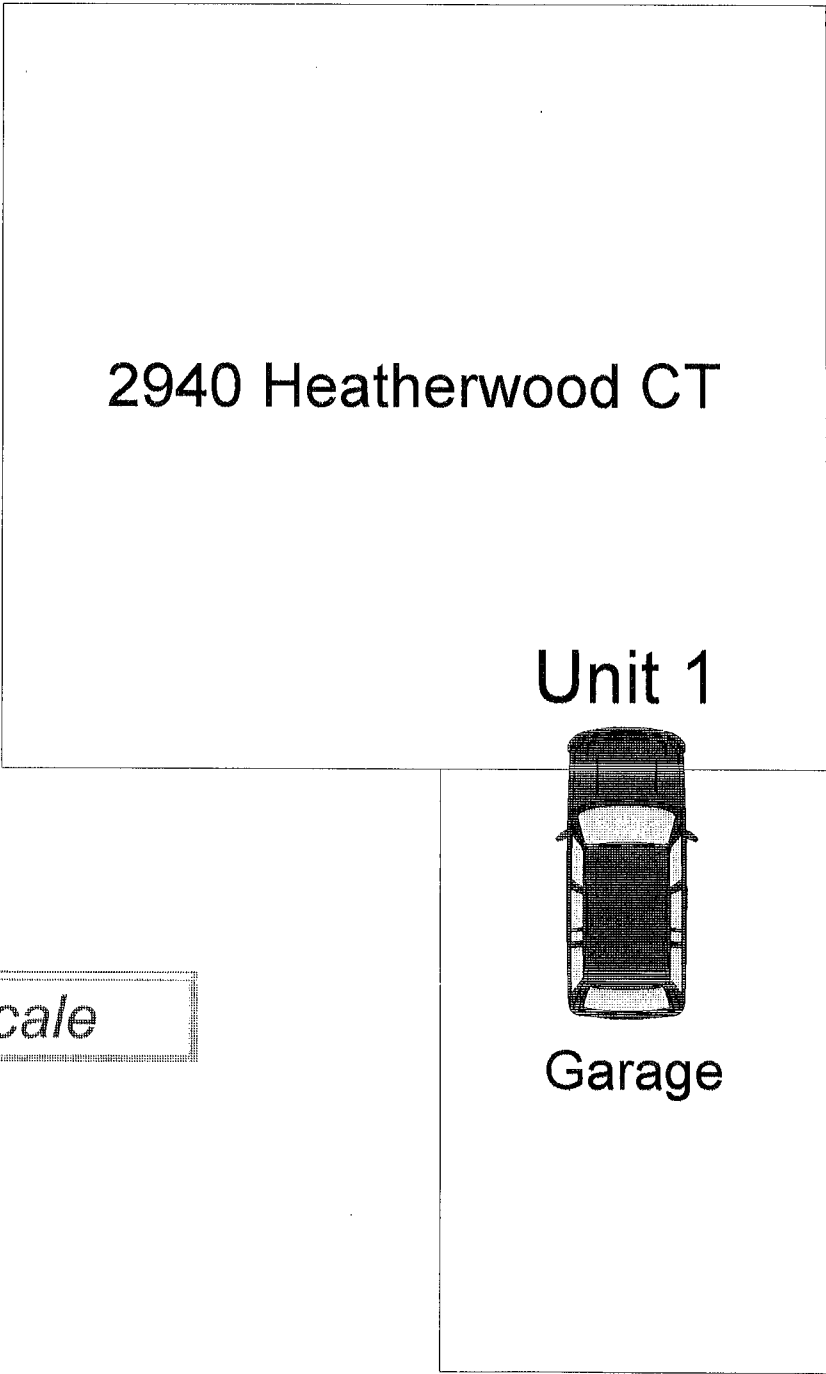
PARTS OF VEHICLE DAMAGED CONTRIBUTING CIRCUMSTANCES

DESCRIBE WHAT HAPPENED **Unit 1 failed to control the vehicle inside the garage, striking the house with the front bumper. Possibly medical related. Evaluated by EMS, refused further treatment.**

See Reverse Side for Diagram

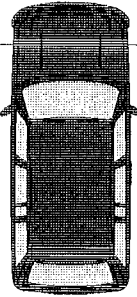
SUBMITTED BY: **PH. C. Mesarosa 756** DATE **6/25/25**

APPROVING OFFICER: **[Signature]** DATE **6-25-25**



2940 Heatherwood CT

Unit 1



Garage

Not To Scale