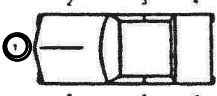
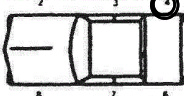


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00008232

Private Property
Minor Traffic

DO NOT USE THIS FORM FOR FATAL OR SERIOUS INJURY ACCIDENTS, OR FOR ACCIDENTS INVOLVING GOVERNMENT VEHICLES.

LOCATION OF ACCIDENT KENT RD \ 4346 KENT RD				CITY - TWP - VILLAGE Stow				DATE 05/28/2021	TIME 14:52
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH PEDESTRIANS INVOLVED 02	ACCIDENT SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/>	SOLVED <input type="checkbox"/> UNSOLVED <input type="checkbox"/>	
A UNIT NO. 01	NO. OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT PROGRESSIVE 40532669		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) PEARSON, RYAN, MICHAEL				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1172 LEONARD BLVD KENT, OH 44240					
PHONE NO. [REDACTED]	BIRTH DATE M02 D14 Y2004	AGE 17	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) PEARSON, NICHOLAS, Z				ADDRESS 1172 LEONARD BLVD KENT, OH 44240				PHONE [REDACTED]	
VEH YR 2010	MAKE Volkswagen	MODEL Jetta	COLOR GRY	STYLE PC	STATE OH	LICENCE PLATE NO. HTY3457	TOWING SERVICE	VEH/PED DIR FROM W TO N	
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
B UNIT NO. 02	NO. OF OCCUPANTS 02	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT PROGRESSIVE946171251		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) RUPP, BRITTANY, NICHOLE				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 785 SILVER MEADOWS BLVD KENT, OH 44240					
PHONE NO. [REDACTED]	BIRTH DATE M11 D30 Y1990	AGE 30	SEX F	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) LARUE, DARRELL, RAY				ADDRESS 3971 SPRING LAKES BLVD ATWATER, OH 44201				PHONE [REDACTED]	
VEH YR 2012	MAKE Chevrolet	MODEL Cruze	COLOR BLK	STYLE PC	STATE OH	LICENCE PLATE NO. JIH5296	TOWING SERVICE	VEH/PED DIR FROM S TO N	
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
A <input type="checkbox"/> O.R.C. OFFENSE CHARGED (IF APPLICABLE) <input type="checkbox"/> CITY ORD:				B <input type="checkbox"/> O.R.C. OFFENSE CHARGED (IF APPLICABLE) <input type="checkbox"/> CITY ORD:					

REMARKS

Unit two was traveling northbound in the parking lot approaching the intersection at Kent Road. Unit one made a right turn from 4346 Kent Road and struck Unit two at an angle.

DATE FILED 05/28/2021	ARRIVED 15:17	CLEARED 16:19	OTHER 0	TOTAL TIME 62	PRE-ACCIDENT ACTIONS	A 2	B 1
					1. GOING STRAIGHT 2. TURNING 3. PARKING/UNPARKING 4. STOPPED	5. PARKED 6. BACKING 7. PEDESTRIAN ACTIONS 8. OTHER DRIVER ACTION	

(Include brief description, injuries, tow, any pertinent information.)

BEGANOVIC

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BELL

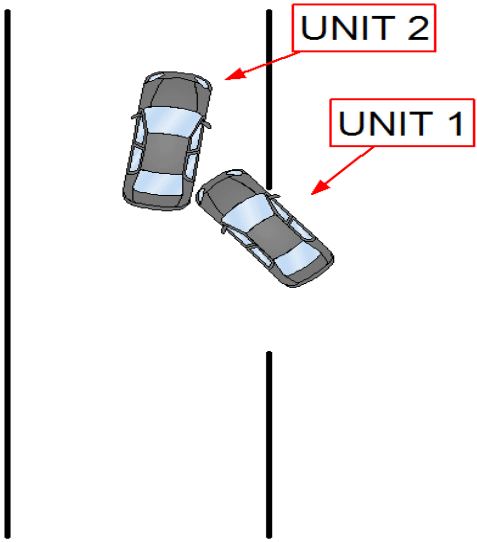
714

OFFICER (S)

I.D. (S)

SUPERVISOR APPROVING

The Financial Responsibility Law requires the owner or operator of a motor vehicle that is involved in an accident causing injury, death, or damage to property of any one person in excess of \$1000 to make a report within 30 days to the State of Ohio, Bureau of Motor Vehicles, Safety Responsibility Division, Columbus, Ohio 43216. Failure to do so may result in loss of your Drivers License.



4346 KENT RD



NOT DRAWN TO SCALE