

STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00008346

Private Property
Minor Traffic

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

LOCATION OF ACCIDENT 3520 HUDSON DR \ PARKING LOT				CITY - TWP - VILLAGE Stow				DATE 05/30/2021	TIME 11:33
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 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 LIBERTY MUTUAL		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) WILKINSON, KRISTIN, D				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 494 MALVERN RD AKRON, OH 44303					
PHONE NO. [REDACTED]	BIRTH DATE M12 D21 1971	AGE 49	SEX F	SOCIAL SECURITY NO. [REDACTED]		STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) WILKINSON, KRISTIN, D				ADDRESS 494 MALVERN RD AKRON, OH 44303				PHONE [REDACTED]	
VEH YR 2019	MAKE Chevrolet	MODEL Silverado	COLOR BLU	STYLE TRUCK	STATE OH	LICENCE PLATE NO. HWS5464	TOWING SERVICE	VEH/PED DIR FROM N TO S	
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 ALLSTATE		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) YISRAEL, SEIRAH, YESME KELLY				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 17 N MILL DR CUYAHOGA FALLS, OH 44223					
PHONE NO. [REDACTED]	BIRTH DATE M03 D26 1999	AGE 22	SEX F	SOCIAL SECURITY NO. [REDACTED]		STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) YISRAEL, SEIRAH, YESME KELLY				ADDRESS 17 N MILL DR CUYAHOGA FALLS, OH 44223				PHONE [REDACTED]	
VEH YR 2018	MAKE Hyundai	MODEL Santa Fe	COLOR GRY	STYLE SUV	STATE OH	LICENCE PLATE NO. HLD8095	TOWING SERVICE	VEH/PED DIR FROM E TO W	
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 checked="" type="checkbox"/> MODERATE <input 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 1 was in a parking space. Unit 2 was in the parking lot aisle traveling east. Unit 2 driver noticed that there were no parking spaces and began to back up. Unit 1 began to back from parking space. Both backing Units impacted at the back of the parking space.

Unit 1 insurance is Liberty Mutual AOS-288-154-267-70 02.

Unit 2 insurance is ALLSTATE 826 365 815.

Ptl. Justin C. Smith #740

DATE FILED 05/30/2021					ARRIVED 11:44					CLEARED 12:22					OTHER 0					TOTAL TIME 38				
PRE-ACCIDENT ACTIONS										A	6	B	6											
1. GOING STRAIGHT					5. PARKED																			
2. TURNING					6. BACKING																			
3. PARKING/UNPARKING					7. PEDESTRIAN ACTIONS																			
4. STOPPED					8. OTHER DRIVER ACTION																			

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

SMITH
OFFICER (S)

740
I.D. (S)

BREZNAK
SUPERVISOR APPROVING

711

The Financial Reponsibility 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.



3520 HUDSON DRIVE
WALMART PARKING LOT

DRAWING NOT TO
SCALE

