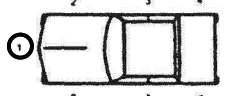
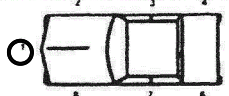


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00007256

Private Property
Minor Traffic

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

| | | | | | | | | | | |
|--|---|--|---|--|------------------------------------|--|--|--|----------------------|--|
| LOCATION OF ACCIDENT E. STEELS CORNERS RD \ HUDSON DR | | | | CITY - TWP - VILLAGE Stow | | | | DATE 05/13/2021 | TIME 20:38 | |
| 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 | | | |
| 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 | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) NIECIECKI, ERIC, WILLIAM | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1543 13TH ST CUYAHOGA FALLS, OH 44223 | | | | | | |
| PHONE NO. [REDACTED] | BIRTH DATE M 03 D 29 Y 1970 | AGE 51 | SEX | SOCIAL SECURITY NO. [REDACTED] | STATE OH | DRIVER'S LICENSE NO. [REDACTED] | OCCUPATION | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) NIECIECKI, ERIC, WILLIAM | | | | ADDRESS 1543 13TH ST CUYAHOGA FALLS, OH 44223 | | | | PHONE [REDACTED] | | |
| VEH YR 2003 | MAKE Ford | MODEL F-150 | COLOR WHI | STYLE | STATE OH | LICNSE PLATE NO. EIS9806 | TOWING SERVICE | VEH/PED DIR FROM N TO W | | |
| CIRCLE DAMAGE AREAS  | 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" 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 METROPOLITAN GROUP | | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) KING, RICHARD, LOWELL | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2181 N KIRTLAND PL HUDSON, OH 44236 | | | | | | |
| PHONE NO. [REDACTED] | BIRTH DATE M 05 D 31 Y 1951 | AGE 69 | SEX M | SOCIAL SECURITY NO. [REDACTED] | STATE OH | DRIVER'S LICENSE NO. [REDACTED] | OCCUPATION | | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) KING, ANITA, RAKER | | | | ADDRESS 2181 N KIRTLAND PL HUDSON, OH 44236 | | | | PHONE [REDACTED] | | |
| VEH YR 2017 | MAKE Honda | MODEL Pilot | COLOR GRY | STYLE | STATE OH | LICNSE PLATE NO. JAS8049 | TOWING SERVICE | VEH/PED DIR FROM W TO N | | |
| CIRCLE DAMAGE AREAS  | 9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" 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 1 WAS TRAVELING SOUTHBOUND ON HUDSON DRIVE THROUGH THE INTERSECTION OF E. STEELS CORNERS ROAD WITH A GREEN LIGHT. UNIT 2 WAS EASTBOUND ON E. STEELS CORNERS ROAD IN THE LEFT TURN LANE. UNIT 2 FAILED TO YIELD THE RIGHT OF WAY TURNING LEFT AND PROCEEDED TO TURN THROUGH THE INTERSECTION TO GO NORTHBOUND ON ALLEN ROAD. UNIT 2 STRUCK UNIT 1 CAUSING MINOR DAMAGE TO EACH UNIT.

| | | | | | | | |
|---------------------------------|-------------------------|-------------------------|-------------------|-------------------------|---|--|------------|
| DATE FILED 05/13/2021 | ARRIVED 20:42 | CLEARED 21:12 | OTHER 0 | TOTAL TIME 34 | PRE-ACCIDENT ACTIONS | A 1 | B 2 |
| | | | | | 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.)

PAXTON **758** **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.