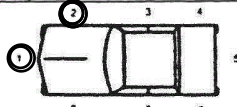
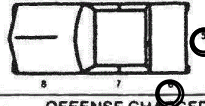


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00007290

Private Property
Minor Traffic

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

LOCATION OF ACCIDENT 2371 GRAHAM RD				CITY - TWP - VILLAGE Stow				DATE 05/14/2021	TIME 10:20
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input 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		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) MCCLLOUD, BRYAN, S				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2371 GRAHAM RD 6 STOW, OH 44224					
PHONE NO. [REDACTED]	BIRTH DATE M06 D26 Y1984	AGE 36	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) MCCLLOUD, BRYAN, S				ADDRESS 2371 GRAHAM RD 6 STOW, OH 44224				PHONE [REDACTED]	
VEH YR 2013	MAKE Buick	MODEL Verano	COLOR UNK	STYLE	STATE OH	LICENCE PLATE NO. FDJ5396	TOWING SERVICE	VEH/PED DIR FROM W TO E	
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 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		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) LARISSEY, CLAYTON, JOSEPH				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 21380 MONTCLARE BLVD STRONGSVILLE, OH 44149					
PHONE NO. [REDACTED]	BIRTH DATE M10 D24 Y1999	AGE 21	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) LARISSEY, KENNETH, A				ADDRESS 21380 MONTCLARE BLVD STRONGSVILLE, OH 44149				PHONE [REDACTED]	
VEH YR 2013	MAKE Chrysler	MODEL 200	COLOR WHI	STYLE	STATE OH	LICENCE PLATE NO. GUD3379	TOWING SERVICE	VEH/PED DIR FROM S 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 DRIVING EAST THROUGH THE PARKING LOT OF 2371 GRAHAM RD. WHEN HE COLLIDED WITH UNIT #2 WHO WAS BACKING FROM A PARKING SPOT IN THE SAME PARKING LOT.

DATE FILED 05/14/2021	ARRIVED 10:52	CLEARED 11:00	OTHER 030	TOTAL TIME 038	PRE-ACCIDENT ACTIONS	A 1	B 6
					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.)

CHILDERS

746

BREZNAK

711

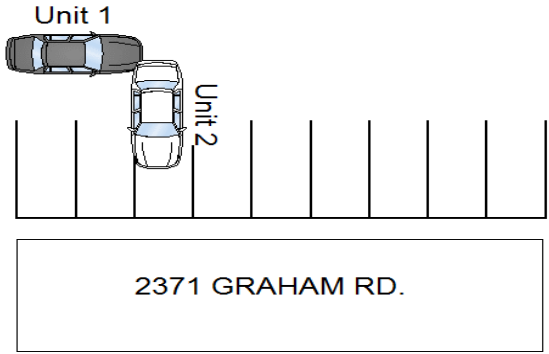
OFFICER(S)

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.

↑
N
NOT TO SCALE



GRAHAM RD.