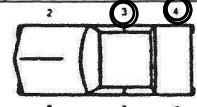
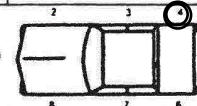


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00007295

Private Property
Minor Traffic

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

LOCATION OF ACCIDENT 1540 Norton RD				CITY - TWP - VILLAGE Stow				DATE 5/14/2021	TIME 11:38
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 <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 Founders		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Parker, DARNELL,				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1825 AMBER Hills DR B AKRON, OH 44313					
PHONE NO. [REDACTED]	BIRTH DATE M09 D04 Y1978	AGE 42	SEX M	SOCIAL SECURITY NO. [REDACTED]		STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) Parker, DARNELL,				ADDRESS 1825 AMBER Hills DR B AKRON, OH 44313				PHONE [REDACTED]	
VEH YR 2011	MAKE Buick	MODEL Lacrosse	COLOR WHI	STYLE	STATE OH	LICNSE PLATE NO. JIF1666	TOWING SERVICE	VEH/PED DIR FROM E 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 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			
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 Progressive		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) HEETER, CATHERINE, ELIZABETH				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 8583 PRICE RD RAVENNA, OH 44266					
PHONE NO. [REDACTED]	BIRTH DATE M10 D09 Y1966	AGE 54	SEX	SOCIAL SECURITY NO. [REDACTED]		STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) HEETER, CATHERINE, ELIZABETH				ADDRESS 8583 PRICE RD RAVENNA, OH 44266				PHONE [REDACTED]	
VEH YR 2013	MAKE Ford	MODEL F-150	COLOR RED	STYLE	STATE OH	LICNSE PLATE NO. HNB9779	TOWING SERVICE	VEH/PED DIR FROM N TO S	
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 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 and Unit #2 were in the parking lot of 1540 Norton Road. Unit #2 was backing out of a parking spot and struck Unit #1.

DATE FILED 05/14/2021	ARRIVED 12:05	CLEARED 12:55	OTHER 0	TOTAL TIME 50	PRE-ACCIDENT ACTIONS	A 1	B
					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.)

FRISINA **742** **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.

Not To Scale

1540
Norton
Road

