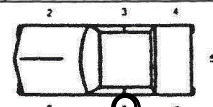
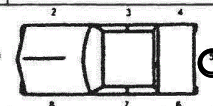


**STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT**

REPORT NO.
2021-00007319

Private Property
Minor Traffic

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

LOCATION OF ACCIDENT 4573 KENT RD				CITY - TWP - VILLAGE Stow				DATE 5/14/2021	TIME 16:38
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 GEICO 4401604485		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) BELL, JAKOB, CHRISTIAN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 15853 PINEVIEW DR EAST LIVERPOOL, OH 43920					
PHONE NO. [REDACTED]	BIRTH DATE M05 D13 Y1998	AGE 23	SEX [REDACTED]	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) BELL, JAKOB, CHRISTIAN				ADDRESS 15853 PINEVIEW DR EAST LIVERPOOL, OH 43920				PHONE [REDACTED]	
VEH YR 2017	MAKE Subaru	MODEL Legacy	COLOR SIL	STYLE	STATE OH	LICCNSE PLATE NO. JFP9993	TOWING SERVICE	VEH/PED DIR FROM N TO S	
CIRCLE DAMAGE AREAS 	9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER	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				
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 GEICO 6023521773		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) MIHALIK, PAMELA, LYNN				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 90 MEADOWRIDGE RD MOGADORE, OH 44260					
PHONE NO. [REDACTED]	BIRTH DATE M09 D22 Y1965	AGE 55	SEX F	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) STEFFEN, JOHN, DOUGLAS				ADDRESS 3854 ONEIDA ST STOW, OH 44224				PHONE [REDACTED]	
VEH YR 2019	MAKE Kia	MODEL	COLOR BLK	STYLE	STATE OH	LICCNSE PLATE NO. HTS6836	TOWING SERVICE	VEH/PED DIR FROM W TO E	
CIRCLE DAMAGE AREAS 	9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER	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"/> LIGHT <input type="checkbox"/> MODERATE <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

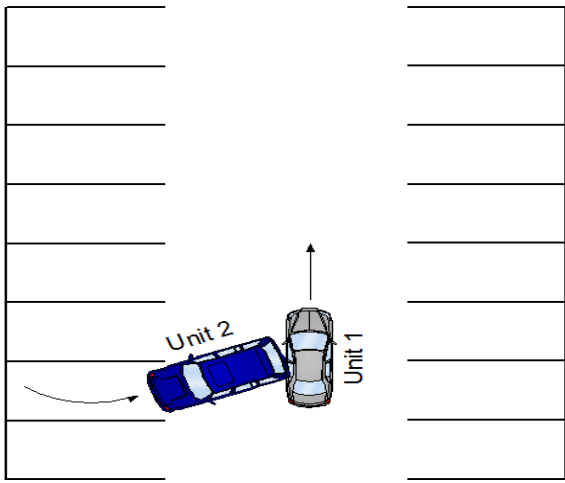
Unit 1 was traveling north through the lot at the listed location. Unit 2 was attempting to back out of a parking space on the west side of the lot. Unit 2 failed to exercise vigilance when backing, striking Unit 1 in the drivers side rear passenger door causing moderate damage.

DATE FILED 05/14/2021	ARRIVED 17:08	CLEARED 17:21	OTHER 0	TOTAL TIME 13	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	

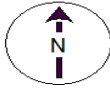
(Include brief description, injuries, tow, any pertinent information.)

GABEL 760 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.



4573 Kent Rd.
Zoom Car Wash



Not To Scale