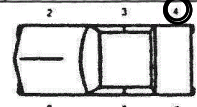
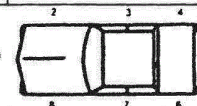


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00007375

Private Property
 Minor Traffic

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

LOCATION OF ACCIDENT HIGBY DR \ 1808 HIGBY DR				CITY - TWP - VILLAGE Stow				DATE 5/15/2021	TIME 13:34
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 checked="" type="checkbox"/>
A UNIT NO. 01	NO. OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input checked="" type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT PROGRESSIVE		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.	BIRTH DATE M D Y	AGE	SEX	SOCIAL SECURITY NO. --	STATE	DRIVER'S LICENSE NO.	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) BECKETT, CARA, LEE				ADDRESS 1808 HIGBY UNIT B DR STOW, OH 44224				PHONE [REDACTED]	
VEH YR 2012	MAKE Ford	MODEL Escape	COLOR BLK	STYLE SW	STATE OH	LICENSE PLATE NO. HRQ3254	TOWING SERVICE	VEH/PED DIR FROM TO	
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 type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
B UNIT NO. 02	NO. OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input checked="" type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.	BIRTH DATE M D Y	AGE	SEX	SOCIAL SECURITY NO. --	STATE	DRIVER'S LICENSE NO.	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICCNSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM TO	
CIRCLE DAMAGE AREAS 	9 TOP 10 UNDERCAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
A <input type="checkbox"/> O.R.C. <input type="checkbox"/> CITY ORD:	OFFENSE CHARGED (IF APPLICABLE)			B <input type="checkbox"/> O.R.C. <input type="checkbox"/> CITY ORD:	OFFENSE CHARGED (IF APPLICABLE)				

REMARKS

Unit #1 noticed damage to the rear-passenger corner of her vehicle. It is unknown when or where the damage occurred. The damage was consistent with contact from a light colored vehicle. The lack of debris (tail light and turn signal covers) on scene at her parking lot suggests the collision occurred elsewhere.

DATE FILED 05/15/2021	ARRIVED 13:38	CLEARED 14:05	OTHER 0	TOTAL TIME 27	PRE-ACCIDENT ACTIONS	A 5	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.)

REEDY

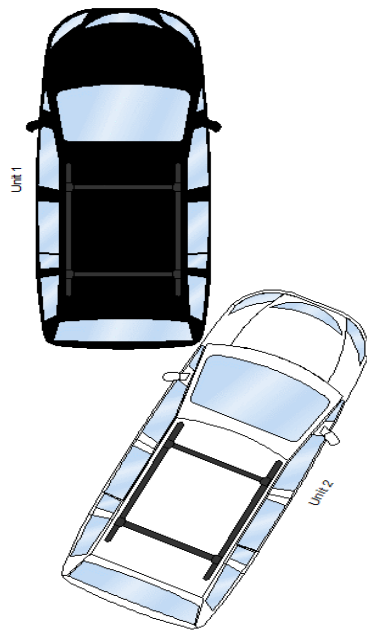
737

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.



Manner of collision is unknown