

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

REPORT NO.  
**2021-00007506**

Private Property   
 Minor Traffic

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

LOCATION OF ACCIDENT <b>4571 KENT RD</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>5/17/2021</b>	TIME <b>16:49</b>
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH PEDESTRIANS INVOLVED <b>02</b>	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. <b>01</b>	NO. OF OCCUPANTS <b>04</b>	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 <b>PROGRESSIVE 37726145</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>SITKO, THOMAS, ALAN</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>8631 HOLLIS LN BRECKSVILLE, OH 44141</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M02 D28 1985</b>	AGE <b>36</b>	SEX <b>M</b>	SOCIAL SECURITY NO. [REDACTED]	STATE <b>OH</b>	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>SITKO, THOMAS, ALAN</b>				ADDRESS <b>8631 HOLLIS LN BRECKSVILLE, OH 44141</b>				PHONE [REDACTED]	
VEH YR <b>2015</b>	MAKE <b>Chevrolet</b>	MODEL <b>Suburban</b>	COLOR <b>BLK</b>	STYLE	STATE <b>OH</b>	LICNSE PLATE NO. <b>HIF6763</b>	TOWING SERVICE	VEH/PED DIR FROM <b>N</b> TO <b>S</b>	
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 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. <b>02</b>	NO. OF OCCUPANTS <b>01</b>	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 <b>PROGRESSIVE</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>GUSSEY, PATRICIA, ANN</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>4203 KLEIN AVE STOW, OH 44224</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M05 D31 1951</b>	AGE <b>69</b>	SEX <b>F</b>	SOCIAL SECURITY NO. [REDACTED]	STATE <b>OH</b>	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>GUSSEY, PATRICIA, ANN</b>				ADDRESS <b>4203 KLEIN AVE STOW, OH 44224</b>				PHONE [REDACTED]	
VEH YR <b>2001</b>	MAKE <b>Chrysler</b>	MODEL <b>PT Cruiser</b>	COLOR <b>BLU</b>	STYLE	STATE <b>OH</b>	LICNSE PLATE NO. <b>FRR5311</b>	TOWING SERVICE	VEH/PED DIR FROM <b>N</b> TO <b>S</b>	
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				
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 south in the McDonald's lot towards the drive thru. Unit 2 was traveling directly behind Unit 1 in the lot. Unit 2 failed to maintain an assured clear distance ahead, striking Unit 1 in the rear causing minor damage.

Unit 1 insurance information: Progressive 37726145  
 Unit 2 insurance information: Progressive 058-7030-A21-350

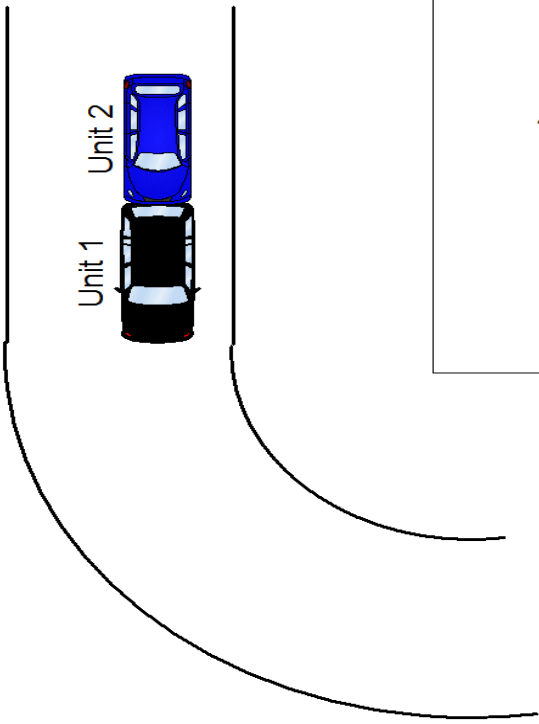
Ofc. Gabel 760

DATE FILED <b>05/17/2021</b>					ARRIVED <b>16:50</b>					CLEARED <b>17:00</b>					OTHER <b>0</b>					TOTAL TIME <b>10</b>				
PRE-ACCIDENT ACTIONS										A 1	B 1													
1. GOING STRAIGHT					5. PARKED					6. BACKING														
2. TURNING					6. BACKING					7. PEDESTRIAN ACTIONS														
3. PARKING/UNPARKING					7. PEDESTRIAN ACTIONS					8. OTHER DRIVER ACTION														
4. STOPPED					8. OTHER DRIVER ACTION																			

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

**GABEL** **760**  
 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.



4571 Kent Rd.  
McDonald's



*Not To Scale*