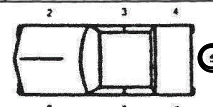
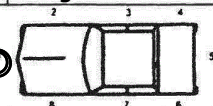


**STOW POLICE DEPARTMENT**  
**PRIVATE PROPERTY / MINOR TRAFFIC**  
**CRASH REPORT**

REPORT NO.  
**2021-00007562**

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>KENT RD \ MARSH RD</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>5/18/2021</b>	TIME <b>15:57</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>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>LIBERTY MUTUAL</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>HERENDEEN, CASSIDY, CLAIRE</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>4135 CHAMPMAN DR KENT, OH 44240</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M04 D17 2004</b>	AGE <b>17</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>HERENDEEN, REBECCA, JEAN</b>				ADDRESS <b>4135 CHAMPMAN DR KENT, OH 44240</b>				PHONE [REDACTED]	
VEH YR <b>2020</b>	MAKE <b>Mazda</b>	MODEL <b>CX5</b>	COLOR <b>BLU</b>	STYLE <b>HB</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>JBZ6046</b>	TOWING SERVICE	VEH/PED DIR FROM <b>W</b> TO <b>E</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 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>AMERICAN NATIONAL</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>HEVESI, PAIGE, MARIE</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>429 MAJORS LN KENT, OH 44240</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M06 D17 2004</b>	AGE <b>16</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>HEVESI, JOHN, E</b>				ADDRESS <b>429 MAJORS LN KENT, OH 44240</b>				PHONE [REDACTED]	
VEH YR <b>2001</b>	MAKE <b>Dodge</b>	MODEL <b>Ram 1500 (pickup)</b>	COLOR <b>BLU</b>	STYLE <b>TK</b>	STATE <b>OH</b>	LICCNSE PLATE NO. <b>GLV7749</b>	TOWING SERVICE	VEH/PED DIR FROM <b>W</b> TO <b>E</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 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**

Both units were eastbound on Kent Rd. approaching the Marsh Rd. intersection. Unit #1 stopped for the light, which had just turned red. Unit #2 failed to maintain assured clear distance ahead and struck the rear of unit #1.

Liberty Mutual policy # A02-281-727920-01 11  
 American National policy # 34-A-L30533-7

DATE FILED <b>05/18/2021</b>	ARRIVED <b>16:06</b>	CLEARED <b>16:30</b>	OTHER <b>30</b>	TOTAL TIME <b>54</b>	PRE-ACCIDENT ACTIONS	A <b>1</b>	B <b>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.)

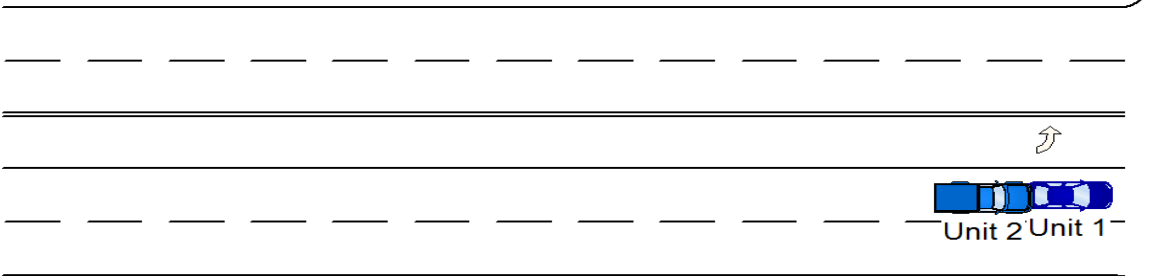
**REEDY** **737** **BREZNAK** **711**  
 OFFICER (S) I.D. (S) SUPERVISOR APPROVING

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

To: Acme parking lot



Kent Rd.

Marsh Rd.