

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

REPORT NO.  
**2021-00007637**

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 \ 4530</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>5/19/2021</b>	TIME <b>17:09</b>
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH PEDESTRIANS INVOLVED <b>01</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>03</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>GRANGE 6099556</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>HUDSON, LANE, ROBERT</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>935 KEVIN DR KENT, OH 44240</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M06 D28 Y2003</b>	AGE <b>17</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>WOLF, ROBERT, HENRY</b>				ADDRESS <b>804 CEDAR CIR SAGAMORE HILLS, OH 44067</b>				PHONE [REDACTED]	
VEH YR <b>2008</b>	MAKE <b>Toyota</b>	MODEL <b>4Runner/Highlander</b>	COLOR <b>BLK</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>HJG4908</b>	TOWING SERVICE	VEH/PED DIR FROM <b>N</b> TO <b>E</b>	
CIRCLE DAMAGE AREAS 	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.	NO. OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input 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	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 	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**

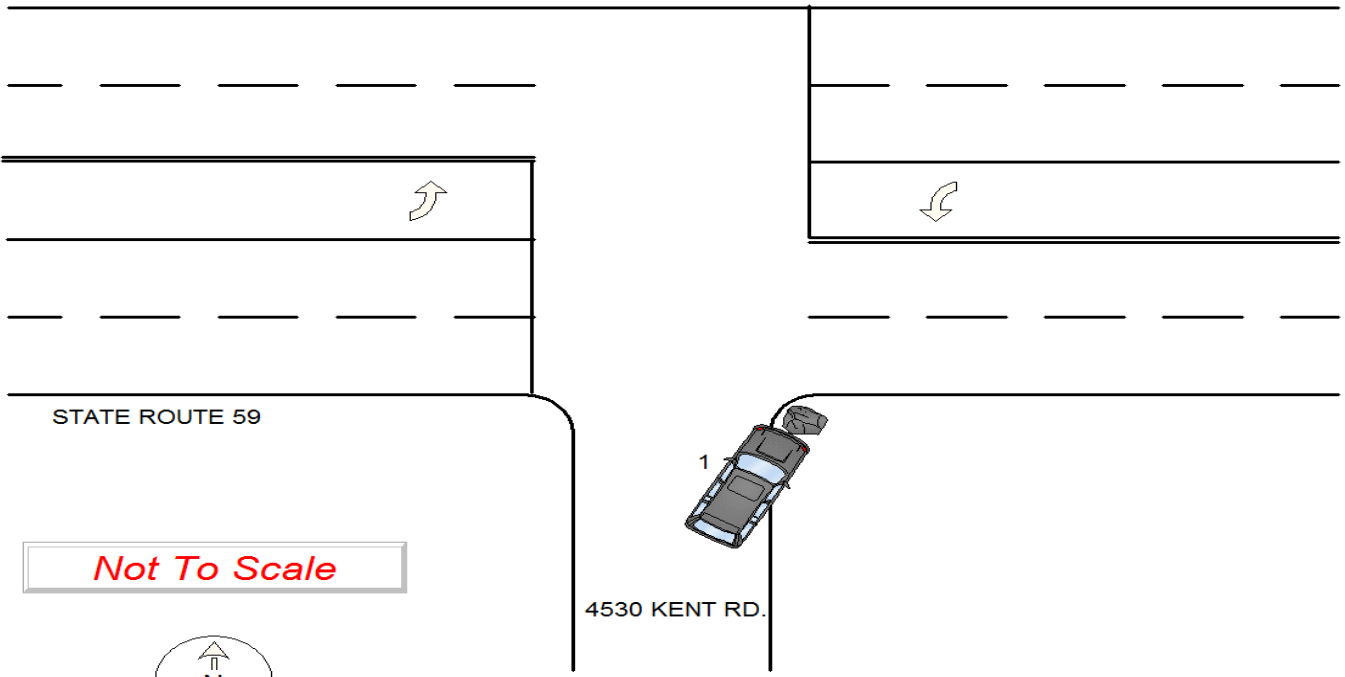
**UNIT #1 WAS TURNING EASTBOUND ONTO STATE ROUTE 59 FROM 4530. WHILE TURNING UNIT #1 DROVE OVERTOP OF A ROCK THAT WAS ON THE PROPERTY OF 4530. UNIT #1 DRUG THE ROCK INTO THE ROADWAY THE ROCK BECAME LODGED UNDER UNIT #1.**

DATE FILED <b>05/19/2021</b>	ARRIVED <b>17:22</b>	CLEARED <b>18:09</b>	OTHER <b>00</b>	TOTAL TIME <b>60</b>	PRE-ACCIDENT ACTIONS	A <b>2</b>	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.)*

**BURGESS** **753** **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.



*Not To Scale*

