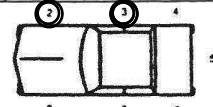
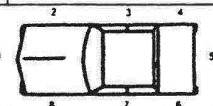


**STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT**

REPORT NO.
2021-00007675

Private Property
Minor Traffic

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

LOCATION OF ACCIDENT 712 E STEELS CORNERS RD				CITY - TWP - VILLAGE Stow				DATE 5/20/2021	TIME 11:15
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 4074-35-44-00		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) ASHBAUGH, JASON, E				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3816 NORTHAMPTON RD CUYAHOGA FALLS, OH 44223					
PHONE NO. [REDACTED]	BIRTH DATE M02 D19 1971	AGE 50	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) ASHBAUGH, JASON, E				ADDRESS 3816 NORTHAMPTON RD CUYAHOGA FALLS, OH 44223				PHONE [REDACTED]	
VEH YR 2003	MAKE Chevrolet	MODEL Cavalier	COLOR RED	STYLE	STATE OH	LICCNSE PLATE NO. HZS8817	TOWING SERVICE	VEH/PED DIR FROM W TO E	
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 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 Unknown		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) RAMSEY, BRIAN, JAMES				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1439 PIN OAK DR AKRON, OH 44312					
PHONE NO. [REDACTED]	BIRTH DATE M06 D07 1975	AGE 45	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) Stutler Leasing,				ADDRESS 3397 E Waterloo RD Akron, OH 44312				PHONE [REDACTED]	
VEH YR 2009	MAKE	MODEL	COLOR UNK	STYLE	STATE OH	LICCNSE PLATE NO. PWE5052	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 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			
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

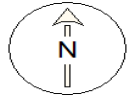
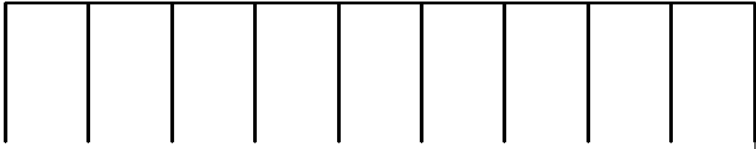
Unit #1 was traveling eastbound in the parking lot of 712 E Steels Corners Rd after just leaving the drive-thru window. Unit #2, a delivery semi/trailer, was traveling eastbound through the parking lot to leave after just making a delivery. Unit #2 was attempting to navigate out of the exit to the parking lot when the back left tires of Unit #2's trailer and the front right of Unit #1 collided.

DATE FILED 05/20/2021	ARRIVED 11:42	CLEARED 12:35	OTHER 0	TOTAL TIME 53	PRE-ACCIDENT ACTIONS	A 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.)

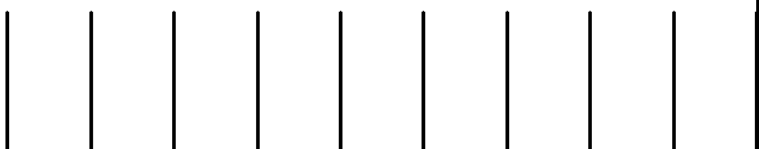
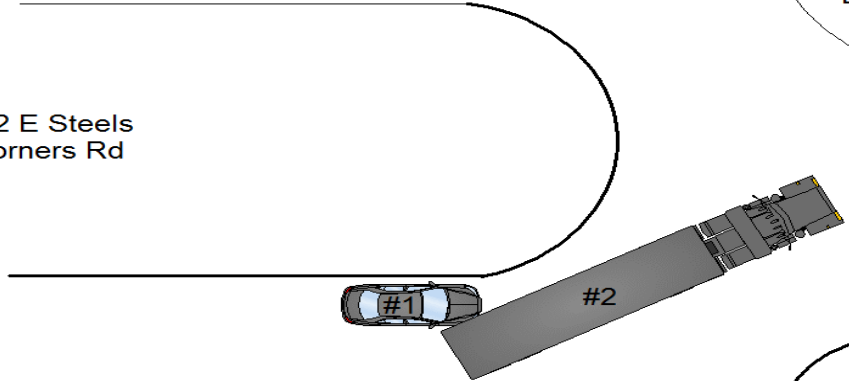
HADDIX **736** **BREZNAK** **711**
OFFICER (S) I.D. (S) SUPERVISOR APPROVING

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.



Exit to
Bridgewater Pkwy

712 E Steels
Corners Rd



Not To Scale