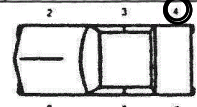
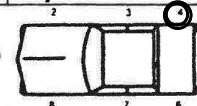


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00007727

Private Property
Minor Traffic

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

LOCATION OF ACCIDENT 3295 KENT RD				CITY - TWP - VILLAGE Stow				DATE 5/21/2021	TIME 12:07
REPORT TAKEN <input type="checkbox"/> AT STATION <input 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 PECKIN 005491475		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) SEILER, RUTH, A				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2061 BERGER AVE STOW, OH 44224					
PHONE NO. [REDACTED]	BIRTH DATE M12 D27 1947	AGE 73	SEX F	SOCIAL SECURITY NO. [REDACTED]		STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) SEILER, RUTH, A				ADDRESS 2061 BERGER AVE STOW, OH 44224				PHONE [REDACTED]	
VEH YR 2014	MAKE Buick	MODEL Encore	COLOR RED	STYLE SW	STATE OH	LICENSE PLATE NO. ERQ1828	TOWING SERVICE	VEH/PED DIR FROM N TO SW	
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. 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 ERIE Q075501457		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) BENYI, PENNY, J				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1826 7TH ST CUYAHOGA FLS, OH 44221					
PHONE NO. [REDACTED]	BIRTH DATE M05 D12 1957	AGE 64	SEX	SOCIAL SECURITY NO. [REDACTED]		STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME) BENYI, PENNY, J				ADDRESS 1826 7TH ST CUYAHOGA FLS, OH 44221				PHONE [REDACTED]	
VEH YR 1999	MAKE Toyota	MODEL Corolla	COLOR SIL	STYLE 4DR	STATE OH	LICCNSE PLATE NO. FZF4074	TOWING SERVICE	VEH/PED DIR FROM S TO NE	
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 parked at Dollar General 3295 Kent Rd. facing north. Unit #2 was parked across from Unit #1 facing south. Both units backed out of their spots within seconds of each other and collided causing minor damage to both vehicles. Unit #1's driver gave a verbal statement. Unit #2's driver would not say anything. Her husband (Dale Benyi) arrived on scene and advised his wife has mental illness. She did identify herself and gave her insurance card but would not say what happened.

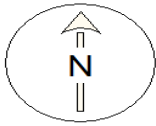
DATE FILED 05/21/2021	ARRIVED 12:17	CLEARED 13:28	OTHER 0	TOTAL TIME 71	PRE-ACCIDENT ACTIONS	A 6	B 6
					1. GOING STRAIGHT 2. TURNING 3. PARKING/UNPARKING 4. STOPPED	5. PARKED 6. BACKING 7. PEDESTRIAN ACTIONS 8. OTHER DRIVER ACTION	

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

MURPHY **738** **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.

Dollar General
3295 Kent Rd.



Not to scale

