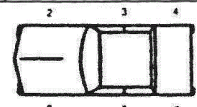
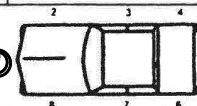


**STOW POLICE DEPARTMENT**  
**PRIVATE PROPERTY / MINOR TRAFFIC**  
**CRASH REPORT**

REPORT NO.  
**2021-00007744**

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>GRAHAM RD \ FISHCREEK RD</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>5/21/2021</b>	TIME <b>16:53</b>
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input 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>PROGRESSIVE941789281</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>BEAUMONT, KIMBERLY, M</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>4175 DARROW RD 47 STOW, OH 44224</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M10 D01 Y1977</b>	AGE <b>43</b>	SEX	SOCIAL SECURITY NO. [REDACTED]	STATE <b>OH</b>	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>BEAUMONT, KIMBERLY, M</b>				ADDRESS <b>4175 DARROW RD 47 STOW, OH 44224</b>				PHONE [REDACTED]	
VEH YR <b>2014</b>	MAKE <b>Ford</b>	MODEL <b>Escape</b>	COLOR <b>BLU</b>	STYLE	STATE <b>OH</b>	LICENCE PLATE NO. <b>GZY8776</b>	TOWING SERVICE	VEH/PED DIR FROM <b>E</b> TO <b>W</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>STATEAUTO 1001007453</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>KISSNER, MICHELLE, R</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>2342 LYNNWOOD DR STOW, OH 44224</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M11 D29 Y1972</b>	AGE <b>48</b>	SEX	SOCIAL SECURITY NO. [REDACTED]	STATE <b>OH</b>	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>KISSNER, KERRY, EDWARD</b>				ADDRESS <b>2342 LYNNWOOD DR STOW, OH 44224</b>				PHONE [REDACTED]	
VEH YR <b>2015</b>	MAKE <b>Honda</b>	MODEL <b>Odyssey (minivan)</b>	COLOR <b>SIL</b>	STYLE	STATE <b>OH</b>	LICENCE PLATE NO. <b>GDZ4651</b>	TOWING SERVICE	VEH/PED DIR FROM <b>E</b> TO <b>W</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				
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 STOPPED AT THE RED LIGHT FACING WESTBOUND IN THE LEFT THROUGH LANE. UNIT 2 WAS BEHIND UNIT 1. UNIT 2 FAILED TO ASSURE CLEAR DISTANCE AHEAD, STRIKING UNIT 1.**

DATE FILED <b>05/21/2021</b>	ARRIVED <b>16:53</b>	CLEARED <b>17:22</b>	OTHER <b>0</b>	TOTAL TIME <b>29</b>	PRE-ACCIDENT ACTIONS	A <b>4</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.)

**DEMARS** **759** **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.

