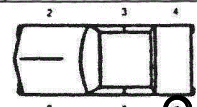
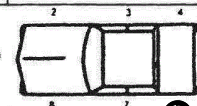


**STOW POLICE DEPARTMENT**  
**PRIVATE PROPERTY / MINOR TRAFFIC**  
**CRASH REPORT**

REPORT NO.  
**2021-00007971**

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>3570 HUDSON DR \ HUDSON DR</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>05/24/2021</b>	TIME <b>14:43</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>STATEF 6505911F0635N</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>JAYNES, ELEANOR, K</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>6040 OGILBY DR HUDSON, OH 44236</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M 10 D 26 Y 1939</b>	AGE <b>81</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>JAYNES, ELEANOR, K</b>				ADDRESS <b>6040 OGILBY DR HUDSON, OH 44236</b>				PHONE [REDACTED]	
VEH YR <b>2015</b>	MAKE <b>Acura</b>	MODEL <b>TLX</b>	COLOR <b>SIL</b>	STYLE <b>PC</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>GOW1221</b>	TOWING SERVICE	VEH/PED DIR FROM <b>S</b> TO <b>N</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>HOMEOWNER 4770176500</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>HOWELL, LAURIE, WAGNER</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>5108 ATTERBURY LN STOW, OH 44224</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M 09 D 14 Y 1945</b>	AGE <b>75</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>HOWELL, LAURIE, WAGNER</b>				ADDRESS <b>5108 ATTERBURY LN STOW, OH 44224</b>				PHONE [REDACTED]	
VEH YR <b>2018</b>	MAKE <b>Nissan</b>	MODEL <b>ROGUE</b>	COLOR <b>BLK</b>	STYLE <b>PC</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>FPW7331</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 one backed out of their parking space while Unit two was traveling westbound in the parking lot. Unit one struck Unit two at an angle as they passed their vehicle.**

DATE FILED <b>05/24/2021</b>	ARRIVED <b>14:47</b>	CLEARED <b>15:08</b>	OTHER <b>0</b>	TOTAL TIME <b>24</b>	PRE-ACCIDENT ACTIONS	A <b>6</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.)

**BEGANOVIC**

**762**

**MILLER**

**705**

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.

3570 HUDSON DRIVE

