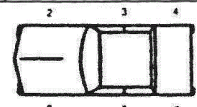
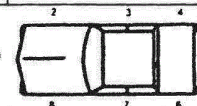


**STOW POLICE DEPARTMENT  
PRIVATE PROPERTY / MINOR TRAFFIC  
CRASH REPORT**

REPORT NO.  
**2021-0008007**

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>S 8 STHY \ GRAHAM RD</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>5/25/2021</b>	TIME <b>04:31</b>
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" 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>02</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>AGENCY ONE INSURANCE</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>COGGINS, PARIS, CASHAE</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>10106 CREEKVIEW CT STREETSBORO, OH 44241</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M10 D27 1998</b>	AGE <b>22</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>COGGINS, LEBRON, R</b>				ADDRESS <b>805 E WASHINGTON ST MEDINA, OH 44256</b>				PHONE [REDACTED]	
VEH YR <b>2017</b>	MAKE <b>Chevrolet</b>	MODEL <b>Trax</b>	COLOR <b>BLK</b>	STYLE <b>SUV</b>	STATE <b>OH</b>	LICENSE PLATE NO. <b>JGH1925</b>	TOWING SERVICE	VEH/PED DIR FROM <b>N</b> TO <b>S</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 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>METLIFE</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>BYERS, JOSHUA, M</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1801 MAPLE AVE NE CANTON, OH 44705</b>					
PHONE NO. [REDACTED]	BIRTH DATE <b>M02 D29 1988</b>	AGE <b>33</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>BYERS, JOSHUA, M</b>				ADDRESS <b>1801 MAPLE AVE NE CANTON, OH 44705</b>				PHONE [REDACTED]	
VEH YR <b>2016</b>	MAKE <b>Kia</b>	MODEL <b>Soul</b>	COLOR <b>BLK</b>	STYLE <b>SUV</b>	STATE <b>OH</b>	LICCNSE PLATE NO. <b>JJH5628</b>	TOWING SERVICE	VEH/PED DIR FROM <b>N</b> TO <b>S</b>	
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 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 FOLLOWING BEHIND UNIT #2 IN THE LOCAL LANE OF THE STATE ROUTE 8 SOUTHBOUND CONSTRUCTION ZONE. AFTER EXITING THE CONSTRUCTION ZONE JUST BEFORE THE GRAHAM RD. UNDERPASS, THE DRIVER OF UNIT #1 STATES THEY PULLED INTO THE LEFT LANE, PASSED UNIT #2, AND PULLED IN FRONT OF UNIT #2. THE DRIVER OF UNIT #1 THEN STATED UNIT #2 BEGAN TO ACCELERATE, AND AS A RESULT, THE FRONT BUMPER OF UNIT #2 STRUCK THE REAR BUMPER OF UNIT #2. THE DRIVER OF UNIT #2 STATES THAT AFTER UNIT #1 PULLED IN FRONT OF UNIT #2 AFTER EXITING THE CONSTRUCTION ZONE, UNIT #1 SLAMMED ON ITS BRAKES, CAUSING THE FRONT BUMPER OF UNIT #2 TO STRIKE THE REAR BUMPER OF UNIT #1. THERE WAS MINOR DAMAGE TO UNIT #1. THERE WAS NO DAMAGE TO UNIT #2.**

DATE FILED <b>05/25/2021</b>	ARRIVED <b>04:38</b>	CLEARED <b>05:37</b>	OTHER <b>0</b>	TOTAL TIME <b>59</b>	PRE-ACCIDENT ACTIONS	A <b>1</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.)

**PAJESTKA**  
OFFICER(S)

**754**  
I.D. (S)

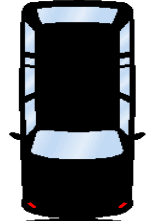
**DIRKER**  
SUPERVISOR APPROVING

**712**

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.

STATE ROUTE 8 SOUTHBOUND

UNIT #2



UNIT #1

GRAHAM RD.