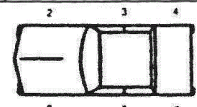
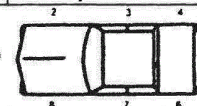


**STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT**

REPORT NO.
2021-0008017

Private Property
Minor Traffic

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

| | | | | | | | | | |
|--|--|---|---|---|--|---|--|--|----------------------|
| LOCATION OF ACCIDENT GRAHAM RD \ 3093 | | | | CITY - TWP - VILLAGE Stow | | | | DATE 5/25/2021 | TIME 10:52 |
| 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 LIGHTNING ROD MUTUAL | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) SCHOFIELD, SHERYL, L | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2181 MEADOWSWEET LN STREETSBORO, OH 44241 | | | | | |
| PHONE NO. [REDACTED] | BIRTH DATE M07 D17 1972 | AGE 48 | SEX F | SOCIAL SECURITY NO. [REDACTED] | STATE OH | DRIVER'S LICENSE NO. [REDACTED] | OCCUPATION | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) SCHOFIELD, JOHN, B | | | | ADDRESS 2181 MEADOWSWEET LN STREETSBORO, OH 44241 | | | | PHONE | |
| VEH YR 2017 | MAKE Honda | MODEL Odyssey (minivan) | COLOR GRY | STYLE | STATE OH | LICENCE PLATE NO. DCN5227 | TOWING SERVICE | VEH/PED DIR FROM W TO E | |
| 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. 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 LIGHTNING ROD MUTUAL | | |
| DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) HANNUM, LARRY, KEITH | | | | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 439 JOHNSON RD KENT, OH 44240 | | | | | |
| PHONE NO. [REDACTED] | BIRTH DATE M06 D03 1943 | AGE 77 | SEX M | SOCIAL SECURITY NO. [REDACTED] | STATE OH | DRIVER'S LICENSE NO. [REDACTED] | OCCUPATION | | |
| OWNER (IF SAME AS DRIVER, WRITE SAME) HANNUM, LARRY, KEITH | | | | ADDRESS 439 JOHNSON RD KENT, OH 44240 | | | | PHONE [REDACTED] | |
| VEH YR 2008 | MAKE Other/Unknown | MODEL | COLOR BLU | STYLE | STATE OH | LICENCE PLATE NO. GTZ1952 | TOWING SERVICE | VEH/PED DIR FROM W TO E | |
| CIRCLE DAMAGE AREAS  | DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING | | DAMAGE SCALE <input checked="" 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 PARKED IN THE BANK DRIVE THRU LANE AT 3093 GRAHAM ROAD. UNIT #2 WAS PARKED DIRECTLY BEHIND UNIT #1. UNIT #2 IMPROPERLY STARTED AND STRUCK UNIT #1 FROM BEHIND.

| | | | | | | | |
|---------------------------------|-------------------------|-------------------------|--------------------|-------------------------|---|--|------------|
| DATE FILED 05/25/2021 | ARRIVED 11:04 | CLEARED 11:19 | OTHER 20 | TOTAL TIME 44 | PRE-ACCIDENT ACTIONS | A 5 | B 1 |
| | | | | | 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.)

SCHULZ **735** **DRUMMOND** **710**
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.

PNC BANK
3093 GRAHAM ROAD

NOT TO
SCALE

DRIVE THRU
LANE

DRIVE THRU
LANE

