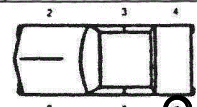
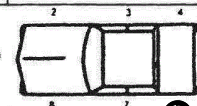


**STOW POLICE DEPARTMENT**  
**PRIVATE PROPERTY / MINOR TRAFFIC**  
**CRASH REPORT**

REPORT NO.  
**2021-00008193**

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>4300 Lakepoint Corp. DR</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>05/27/2021</b>	TIME <b>18:08</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 checked="" type="checkbox"/>	
A UNIT NO. <b>01</b>	NO. OF OCCUPANTS <b>00</b>	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT <b>Nationwide</b>		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) <b>LYNN, CHRISTINA, MARIE</b>				ADDRESS <b>1773 FORD AVE AKRON, OH 44305</b>				PHONE	
VEH YR <b>2014</b>	MAKE	MODEL	COLOR <b>SIL</b>	STYLE	STATE <b>OH</b>	LICENSE PLATE NO. <b>GWX4808</b>	TOWING SERVICE	VEH/PED DIR FROM <b>W</b> TO <b>E</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 type="checkbox"/> DRIVEN AWAY <input checked="" 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 type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input checked="" type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>Unknown,</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)					
PHONE NO.	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE	
VEH YR	MAKE	MODEL	COLOR <b>WHI</b>	STYLE	STATE	LICCNSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM <b>W</b> TO <b>E</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. <input type="checkbox"/> CITY ORD:	OFFENSE CHARGED (IF APPLICABLE)			B <input type="checkbox"/> O.R.C. <input type="checkbox"/> CITY ORD:	OFFENSE CHARGED (IF APPLICABLE)				

**REMARKS**

Unit #1 was parked and unoccupied in the parking lot of 4300 Lakepoint Corp. Dr. Unit #2 was parked in an adjacent parking space. Unit #2 improperly backed into Unit #1 and left the scene. Unit #2 was described as a silver compact four door sedan. The driver of Unit #2 was described as approximately twenty years old, white male, brown hair with a short stature and is reportedly employed by "Uber". No injuries were reported.

DATE FILED <b>05/27/2021</b>	ARRIVED <b>18:14</b>	CLEARED <b>18:25</b>	OTHER <b>0</b>	TOTAL TIME <b>17</b>	PRE-ACCIDENT ACTIONS	A <b>5</b>	B <b>6</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.)

**CORFMAN** **748** **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.

