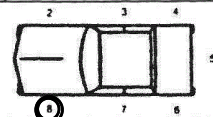
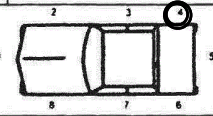


**STOW POLICE DEPARTMENT**  
**PRIVATE PROPERTY / MINOR TRAFFIC**  
**CRASH REPORT**

REPORT NO.  
**2021-00008223**

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 \ 3570</b>				CITY - TWP - VILLAGE <b>Stow</b>				DATE <b>5/28/2021</b>	TIME <b>11:43</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			
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>PROGRESSIVE 93605746</b>			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>FITZWATER, PAIGE, CHRISTINE</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>4182 AMERICANA DR CUYAHOGA FALLS, OH 44224</b>						
PHONE NO. [REDACTED]	BIRTH DATE <b>M07 D03 Y1999</b>	AGE <b>21</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>FITZWATER, PAIGE, CHRISTINE</b>				ADDRESS <b>4182 AMERICANA DR CUYAHOGA FALLS, OH 44224</b>				PHONE [REDACTED]		
VEH YR <b>2018</b>	MAKE <b>Chevrolet</b>	MODEL <b>Equinox</b>	COLOR <b>MAR</b>	STYLE <b>SW</b>	STATE <b>OH</b>	LICNSE PLATE NO. <b>HKL9641</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 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>GEICO 4537380372</b>			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) <b>ROOD, BRIAN, THOMAS</b>				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) <b>1644 SAPPHIRE DR HUDSON, OH 44236</b>						
PHONE NO. [REDACTED]	BIRTH DATE <b>M12 D16 Y1974</b>	AGE <b>46</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>ROOD, BRIAN, THOMAS</b>				ADDRESS <b>1644 SAPPHIRE DR HUDSON, OH 44236</b>				PHONE [REDACTED]		
VEH YR <b>2019</b>	MAKE <b>Subaru</b>	MODEL <b>Ascent</b>	COLOR <b>MAR</b>	STYLE <b>SUV</b>	STATE <b>OH</b>	LICNSE PLATE NO. <b>ROODIE</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**

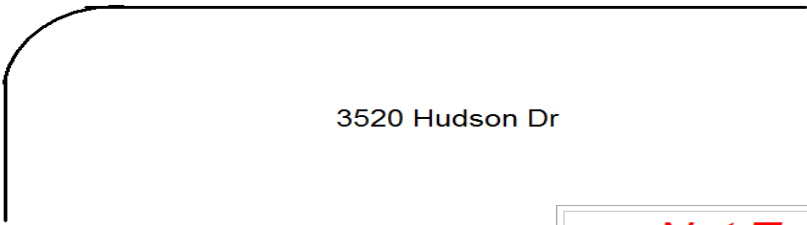
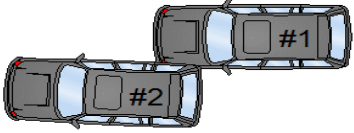
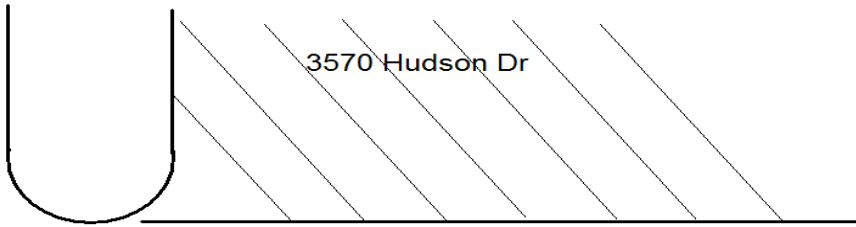
Unit #1 was traveling westbound in the parking lot between 3570 Hudson Dr and 3520 Hudson Dr. Unit #2 was facing southbound and backed out of a parking space on the north side of 3520 Hudson Dr. Unit #1 passed Unit #2 to the right as he was backing up. Unit #2 then went westbound and attempted to pass Unit #1 on the left. The right side of Unit #2 struck the left front of Unit #1.

DATE FILED <b>05/28/2021</b>	ARRIVED <b>11:54</b>	CLEARED <b>12:56</b>	OTHER <b>0</b>	TOTAL TIME <b>62</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.)

**HADDIX** **736** **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.



*Not To Scale*

LOCAL REPORT NUMBER 21-08223	REPORTING AGENCY Stow PD	DATE OF CRASH M 5   D 28   Y 21
---------------------------------	-----------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brian Rood HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P. B. Hannon #736 AT 3570 Hudson Dr  
OFFICER'S NAME LOCATION

I was parked in Walmart grocery pick-up to get an order. I backed out of my ~~the~~ space so the front of my vehicle was facing Gilbert Road. I checked my mirrors and verified with my eyes that there was no oncoming traffic coming behind me. I had driven approximately 500-1000 feet toward Gilbert when I looked in my sideview (R) mirror to see a vehicle passing me on the right hand side (passenger). Before I could maneuver to get out of the way, I felt a thud like the other vehicle had impacted me on the back of my car. I stopped at the stop sign exiting Wal-mart to scan my car for damage. After seeing nothing, I looked at the other car and saw damage to their front. I then pulled my car onto Gilbert to allow traffic to continue flowing and then called the police.

\* Brian Rood later called on the phone and admitted fault. PRI #736

ADDRESS OF WITNESS 1988 8 <sup>th</sup> Street Cuyahoga Falls OH 44221	OFFICER'S SIGNATURE X <u>[Signature]</u> #736
SIGNATURE OF WITNESS X <u>[Signature]</u>	



LOCAL REPORT NUMBER 21-08223	REPORTING AGENCY STOW PD	DATE OF CRASH M 5   D 28   Y 21
---------------------------------	-----------------------------	------------------------------------

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Paige Christine Fitzwater HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PO B HADDOCK #736 AT 3570 Hudson Dr  
OFFICER'S NAME LOCATION

As I was leaving Lowe's (my job) for lunch, I was driving toward the back of walmart/Lowe's and a red Subaru pulled quickly out of the Walmart pick up. I did not have enough time to hit my brakes so I swerved to the left of him to go around him. I got back into the single right lane and the red Subaru sped up on my left side and slammed into the left side of my red Chevrolet Equinox. There is a dent to the left side of my vehicle. This occurred around 1143 on May 28, 2021

ADDRESS OF WITNESS 4182 Americana Dr Apt 303	PHONE [REDACTED]
SIGNATURE OF WITNESS X <u>Paige Fitzwater</u>	OFFICER'S SIGNATURE X <u>[Signature] #736</u>