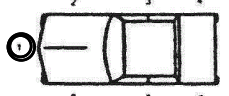
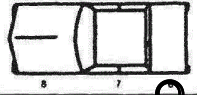


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-0008229

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 \ 911				CITY - TWP - VILLAGE Stow				DATE 5/28/2021	TIME 13:29
REPORT TAKEN <input type="checkbox"/> AT STATION <input 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 Allstate 826 135 474		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) REAGAN, DYLAN, JAMES				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2600 LELAND AVE AKRON, OH 44312					
PHONE NO. [REDACTED]	BIRTH DATE M02 D02 2000	AGE 21	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) REAGAN, DYLAN, JAMES				ADDRESS 2600 LELAND AVE AKRON, OH 44312				PHONE [REDACTED]	
VEH YR 2013	MAKE Ford	MODEL Focus	COLOR YEL	STYLE HB	STATE OH	LICENCE PLATE NO. HIY6281	TOWING SERVICE	VEH/PED DIR FROM E TO W	
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. 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 GOAUTO 3000491		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) BAXTER, ANDREW, NATHANIEL				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1924 NEWTON ST APT F AKRON, OH 44305					
PHONE NO. [REDACTED]	BIRTH DATE M01 D07 1989	AGE 32	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) COLLINS, BRIANNA, CHERISE				ADDRESS 1924 NEWTON ST APT F AKRON, OH 44305				PHONE [REDACTED]	
VEH YR 2014	MAKE Chevrolet	MODEL Impala	COLOR UNK	STYLE 4DR	STATE OH	LICENCE PLATE NO. JFG9134	TOWING SERVICE	VEH/PED DIR FROM N TO E	
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

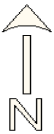
Unit #1 was westbound on Graham Rd in the inside lane. Unit #2 was exiting the parking lot of 911 Graham Rd southbound with the intentions of turning left (east) onto Graham Rd. Unit #2 failed to yield the right of way to Unit #1 and pulled into Unit #1's path. Unit #1 struck the back driver's side of Unit #2.

DATE FILED 05/28/2021	ARRIVED 13:39	CLEARED 14:15	OTHER 0	TOTAL TIME 36	PRE-ACCIDENT ACTIONS	A 1	B 2
					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.)

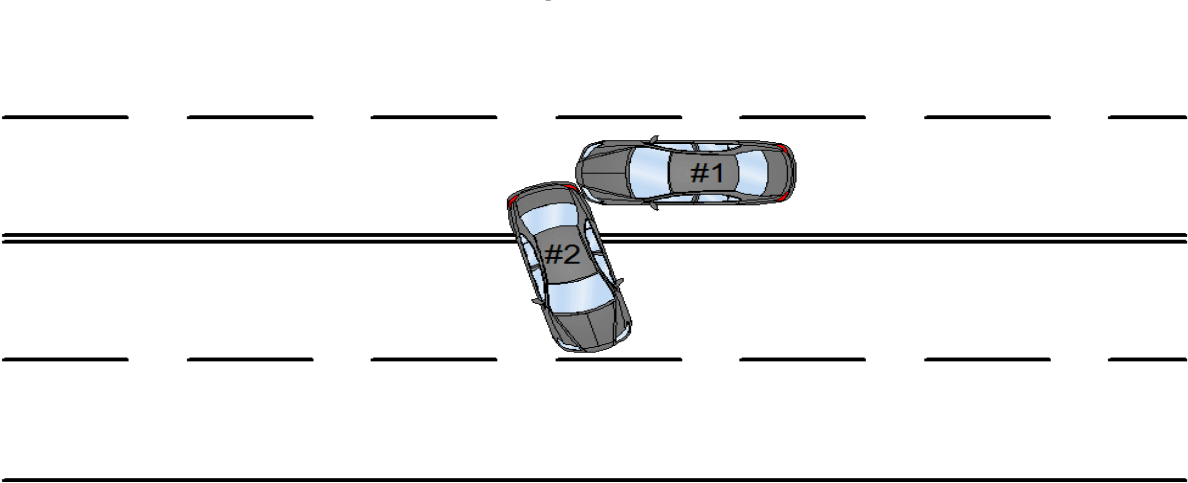
HADDIX **736** **DRUMMOND** **710**
OFFICER(S) I.D. (S) SUPERVISOR APPROVING

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.



Driveway to
911 Graham Rd

Graham Rd



Not To Scale