



STOW POLICE DEPARTMENT
PRIVATE PROPERTY ACCIDENT REPORT/MINOR
TRAFFIC ACCIDENT REPORT

INCIDENT NUMBER **23-6087**
DATE **4-5-23** TIME **1640**

Private Property Private Property - Hit/Skip Minor Traffic Accident

LOCATION - ADDRESS **3645 Fishcreek Rd, Stow OH, 44224**

VEHICLE #1

DRIVER #1 - NAME (Last, First, Middle) **Seal, Jason, Alexander** PHONE [REDACTED]

ADDRESS **1907 King Dr.** CITY **Stow** STATE **OH** ZIP **44224**

SSN [REDACTED] DATE OF BIRTH **10/24/2006** DRIVER'S LICENSE NUMBER [REDACTED] STATE **OH**

OWNER #1 - NAME (Last, First, Middle) SAME AS DRIVER #1 **Miller, Susanne, Noel** PHONE [REDACTED]

ADDRESS **1907 King Dr.** CITY **Stow** STATE **OH** ZIP **44224**

SSN [REDACTED] DATE OF BIRTH **12/15/1964** DRIVER'S LICENSE NUMBER [REDACTED] STATE **OH**

VEHICLE LICENSE# **P720025** STATE **OH** YEAR **2013** MAKE **Kia** MODEL **Optima** COLOR **Red**

INSURANCE COMPANY **Sonnenberg Mutual** POLICY NUMBER **SSV 3402019675-9**

PARTS OF VEHICLE DAMAGED **Heavy front end damage** CONTRIBUTING CIRCUMSTANCES **Unsafe Speed**

VEHICLE #2

DRIVER #2 - NAME (Last, First, Middle) [REDACTED] PHONE [REDACTED]

ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

SSN [REDACTED] DATE OF BIRTH [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] STATE [REDACTED]

OWNER #2 - NAME (Last, First, Middle) SAME AS DRIVER #2 [REDACTED] PHONE [REDACTED]

ADDRESS [REDACTED] CITY [REDACTED] STATE [REDACTED] ZIP [REDACTED]

SSN [REDACTED] DATE OF BIRTH [REDACTED] DRIVER'S LICENSE NUMBER [REDACTED] STATE [REDACTED]

VEHICLE LICENSE # [REDACTED] STATE [REDACTED] YEAR [REDACTED] MAKE [REDACTED] MODEL [REDACTED] COLOR [REDACTED]

INSURANCE COMPANY [REDACTED] POLICY NUMBER [REDACTED]

PARTS OF VEHICLE DAMAGED [REDACTED] CONTRIBUTING CIRCUMSTANCES [REDACTED]

DESCRIBE WHAT HAPPENED

Unit 1 was driving in the Dairy Queen parking lot. Unit 1 was driving at unsafe speeds and failed to control his vehicle. Resulting in Unit 1 striking a pole in the parking lot.

Unit 1 completed a OH-3.

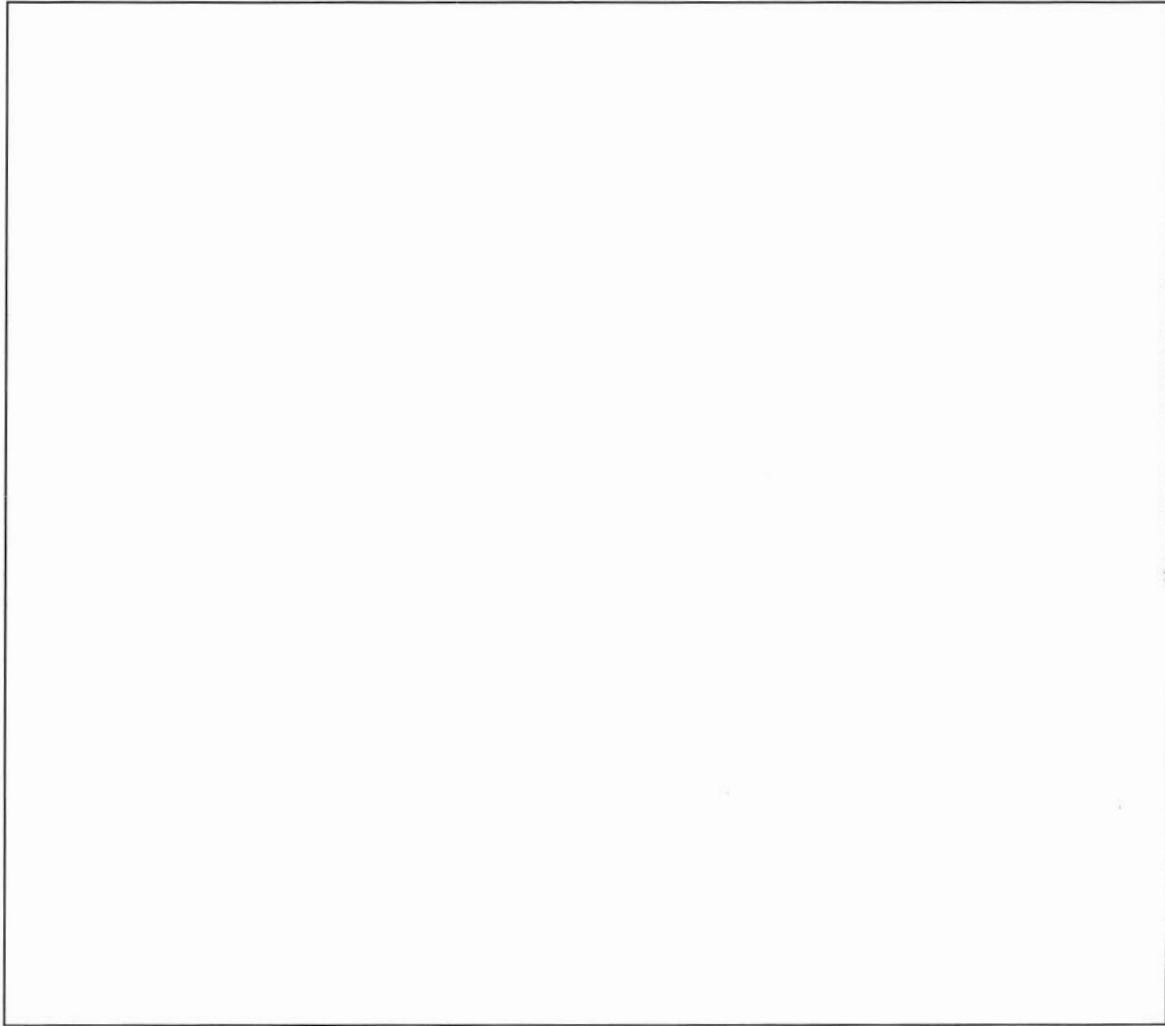
See Reverse Side for Diagram

SUBMITTED BY: **Otc Johnson #767** DATE **4-5-23**

APPROVING OFFICER: **[Signature]** DATE **4-5-23**

STOW POLICE DEPARTMENT

FIELD SKETCH (not drawn to scale)



WEATHER

- CLEAR
- RAIN
- SNOW
- FOG
- OTHER

LIGHT

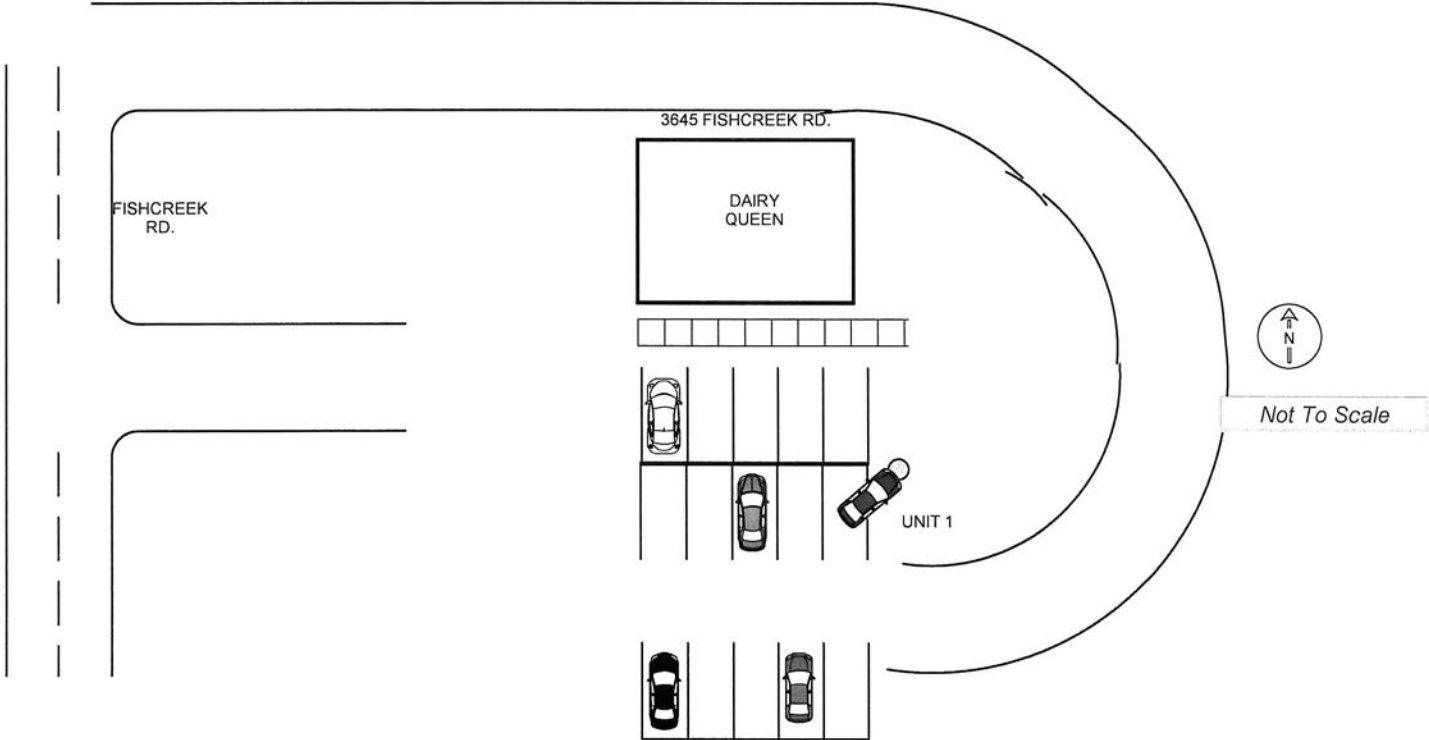
- DAYLIGHT
- DAWN
- DUSK
- DARK - LIGHTED ROAD
- DARK - NOT LIGHTED
- DARK - UNK LIGHTING
- UNKNOWN

SURFACE

- DRY
- WET
- SNOW
- ICE
- OTHER

ROAD

- CONCRETE
- BLACKTOP
- DIRT
- OTHER



LOCAL REPORT NUMBER 23- 6068 6087	REPORTING AGENCY Stow PD	DATE OF CRASH M 4 D 5 Y 23
---	-----------------------------	-----------------------------------

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

I, Jason Seal PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Off. Johnson OFFICER'S NAME AT Dairy Ave LOCATION
 I was driving in the dairy ave drive thru parking lot and I slid on the blacktop because its raining and hit the pole

ADDRESS OF WITNESS 1907 King dr Stow Ohio	PHONE [REDACTED]
SIGNATURE OF WITNESS X Jason Seal	OFFICER'S SIGNATURE X [Signature]