



STOW POLICE DEPARTMENT

PRIVATE PROPERTY ACCIDENT REPORT/MINOR
TRAFFIC ACCIDENT REPORT

INCIDENT NUMBER
20-00530

DATE
1-9-20

TIME
1342

Private Property Private Property - Hit/Skip Minor Traffic Accident

LOCATION - ADDRESS
Ohio Foot and Ankle Center 3226 Kent Rd.

VEHICLE #1

DRIVER #1 - NAME (Last, First, Middle) **Rudowsky, Connie S.** PHONE [REDACTED]

ADDRESS **1634 20th St. Apt. 14** CITY **Cuyahoga Falls** STATE **OH** ZIP **44223**

SSN [REDACTED] DATE OF BIRTH **5-7-61** DRIVER'S LICENSE NUMBER [REDACTED] STATE **OH**

OWNER #1 - NAME (Last, First, Middle) SAME AS DRIVER #1 **Rudowsky, Nicole M.** PHONE [REDACTED]

ADDRESS **1747 Portage Trl. Apt. 4** CITY **Cuyahoga Falls** STATE **OH** ZIP **44223**

SSN [REDACTED] DATE OF BIRTH **10-30-84** DRIVER'S LICENSE NUMBER [REDACTED] STATE **OH**

VEHICLE LICENSE# **GAW5283** STATE **OH** YEAR **2009** MAKE **Pontiac** MODEL **G6** COLOR **Maroon**

INSURANCE COMPANY **Progressive** POLICY NUMBER **923282302**

PARTS OF VEHICLE DAMAGED **Left front bumper** CONTRIBUTING CIRCUMSTANCES **Fail to control**

VEHICLE #2

DRIVER #2 - NAME (Last, First, Middle) _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SSN _____ DATE OF BIRTH _____ DRIVER'S LICENSE NUMBER _____ STATE _____

OWNER #2 - NAME (Last, First, Middle) SAME AS DRIVER #2 _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

SSN _____ DATE OF BIRTH _____ DRIVER'S LICENSE NUMBER _____ STATE _____

VEHICLE LICENSE # _____ STATE _____ YEAR _____ MAKE _____ MODEL _____ COLOR _____

INSURANCE COMPANY _____ POLICY NUMBER _____

PARTS OF VEHICLE DAMAGED _____ CONTRIBUTING CIRCUMSTANCES _____

DESCRIBE WHAT HAPPENED
Unit #1 was eastbound through the parking lot of Ohio Foot and Ankle Center. Unit #1 turned south to pull into a parking spot. As she was braking, her foot slipped off the brake and hit the gas. She continued southbound and struck a brick pillar leaving her car disabled. Joe's Auto towed her vehicle to their business.

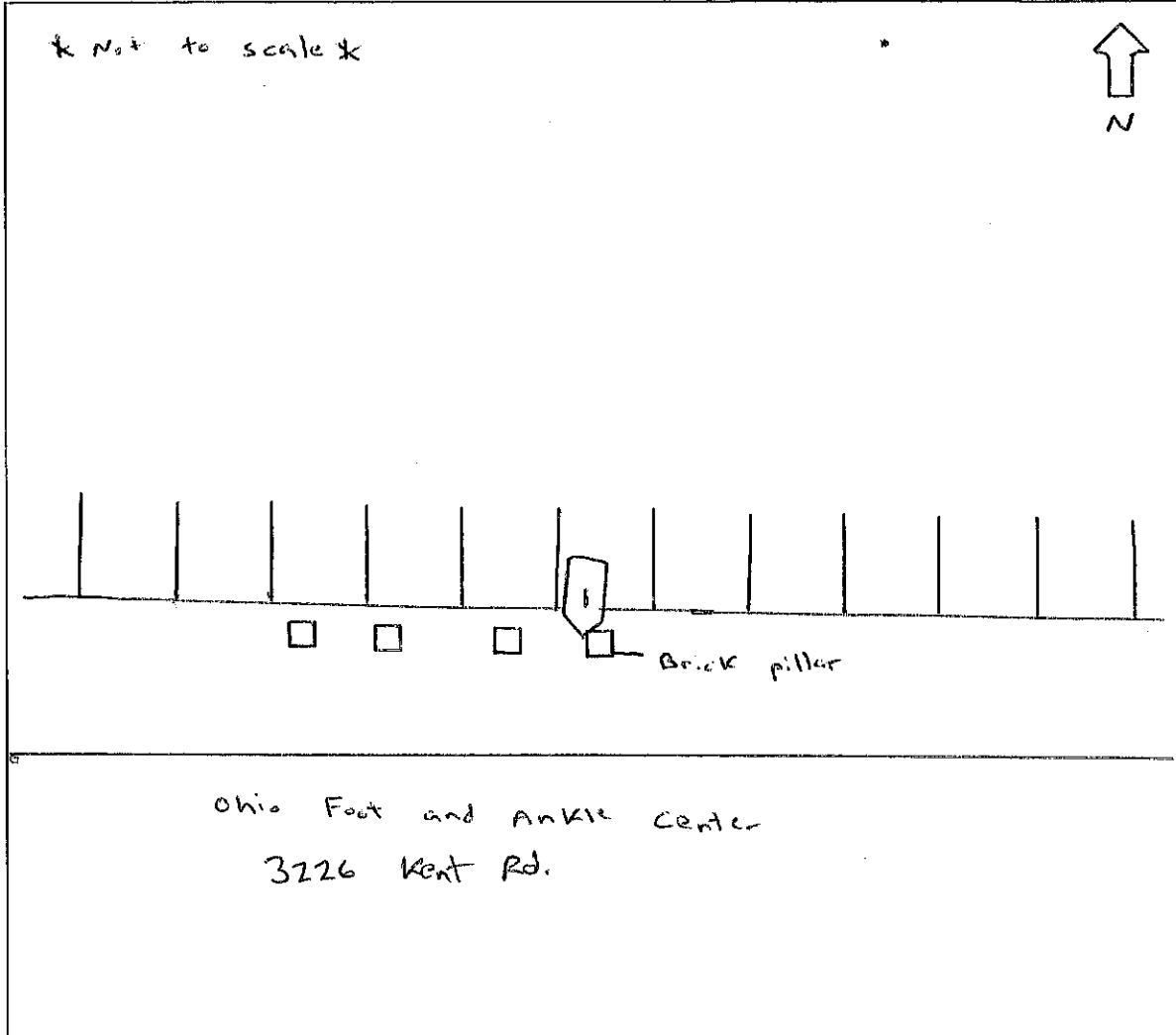
See Reverse Side for Diagram

SUBMITTED BY: **Murphy #738** DATE **1-9-20**

APPROVING OFFICER: *[Signature]* DATE **01/09/20**

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 20-00530	REPORTING AGENCY Stow PD.	DATE OF CRASH M 1 D 9 Y 20
IN COUNTY OF Summit	CRASH LOCATION Ohio Foot and Ankle Center	

owner of brick pillar:
Ohio Foot and Ankle Center
3226 Kent Rd.
Stow, OH 44224
(330) 929-3331

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER #738
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20-00530

