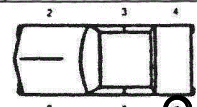
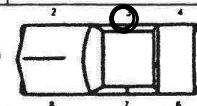


STOW POLICE DEPARTMENT
PRIVATE PROPERTY / MINOR TRAFFIC
CRASH REPORT

REPORT NO.
2021-00007690

Private Property
Minor Traffic

DO NOT USE THIS FORM FOR FATAL OR SERIOUS INJURY ACCIDENTS, OR FOR ACCIDENTS INVOLVING GOVERNMENT VEHICLES.

LOCATION OF ACCIDENT E STEELS CORNERS RD \ 750				CITY - TWP - VILLAGE Stow				DATE 5/20/2021	TIME 16:06
REPORT TAKEN <input checked="" 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 992 694 004		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) PERKINS, JANIS, L				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3581 WILLIAMSON RD STOW, OH 44224					
PHONE NO. [REDACTED]	BIRTH DATE M07 D01 1955	AGE 65	SEX F	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) PERKINS, JANIS, L				ADDRESS 3581 WILLIAMSON RD STOW, OH 44224				PHONE [REDACTED]	
VEH YR 2016	MAKE Ford	MODEL	COLOR BLK	STYLE	STATE OH	LICENSE PLATE NO. GWX4449	TOWING SERVICE	VEH/PED DIR FROM N TO S	
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 02	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		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) MICOCHERO, CHARLES, SANDS				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 932 HAYNES ST AKRON, OH 44307					
PHONE NO. [REDACTED]	BIRTH DATE M11 D25 1963	AGE 57	SEX M	SOCIAL SECURITY NO. [REDACTED]	STATE OH	DRIVER'S LICENSE NO. [REDACTED]	OCCUPATION		
OWNER (IF SAME AS DRIVER, WRITE SAME) MICOCHERO, CHARLES, SANDS				ADDRESS 932 HAYNES ST AKRON, OH 44307				PHONE [REDACTED]	
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICCNSE PLATE NO.	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	
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

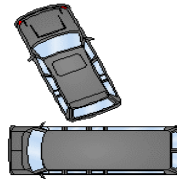
The driver of Unit #1 came to the station to report the accident after it had occurred. According to the driver of Unit #1, Unit #1 was backing out from a gas pump at 750 E Steels Corners Rd. Unit #2 was westbound in the parking lot behind unit #1. The rear of unit #1 struck the right side of unit #2. The driver of unit #2 stated at the scene to the driver of unit #1 he did not want a report. The driver of unit #2 will not return officer's phone calls requesting his information or version of events.

DATE FILED 05/20/2021	ARRIVED 16:26	CLEARED 16:58	OTHER 00	TOTAL TIME 50	PRE-ACCIDENT ACTIONS	A 6	B 1
					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.)

BURGESS **753** **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.



750 E STEELS CORNERS RD.