

LOCAL REPORT NO. 21-068347

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-068347

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 01		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 09/08/2021	DAY WED	TIME MILITARY 17:13	DATE REPORTED 09/08/2021	DAY REPORTED Wed	TIME REPORTED 17:19

ACCIDENT OCCURRED  
314 N MAIN ST

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input checked="" type="checkbox"/> ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S) <input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN
1 DAY LIGHT 2 DAWN 3 DUSK	4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER	1 NO ADVERSE WEATHER 2 RAIN 3 SNOW	4 FOG 5 HIGH WIND 6 OTHER
1 DRY 2 WET 3 SNOW	4 ICE 5 DIRT/SAND 6 OTHER		

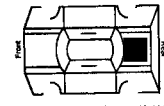
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. PROGRESSIVE	PHONE NUMBER (844) 382-6011
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) FEBO, COREY, EDWARD	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 178 E NORWICH AVE APT A COLUMBUS OH, 43201
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PHONE NO. redacted per ORC 14	BIRTH DATE 05/10/1999	AGE 22	SEX M	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) FEBO, COREY, EDWARD	ADDRESS 178 E NORWICH AVE APT A, COLUMBUS, OH, 43201	PHONE NUMBER redacted
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VEH YR 2004	MAKE Lexus	MODEL LS	COLOR BLACK	STYLE 4D	STATE AB	LICENSE PLATE NO. JKC4925	TOWING SERVICE	VEH/PED DIR FROM N To E
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CIRCLE DAMAGE AREAS 	9 TOP 10 UNDER CAR 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
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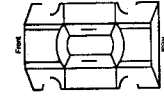
B UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
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PHONE NO. ( )	BIRTH DATE M   D   Y	AGE	SEX	DRIVERS LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE NUMBER
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VEH YR 0	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM To
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DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

Unit one was in the the driveway on 314 N Main St, facing north. Unit one backed up to the east and collided with the house.

Minor damage observed to the brick on the house.

RECEIVED CALL 17:13	CLEARED 17:27	OFFICER'S NAME Ofc. P.J. Wendling	BADGE NO. 243	CHECKED BY 103
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