

LOCAL REPORT NO. 21-066369

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-066369

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 2		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 09/01/2021	DAY WED	TIME MILITARY 14:42	DATE REPORTED 09/01/2021	DAY REPORTED Wed	TIME REPORTED 14:42

ACCIDENT OCCURRED
711 S MAIN ST

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

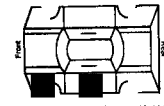
A UNIT NO. 01	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT&RUN	NON CONTACT	INSURANCE CO. LIBERTY MUTUAL	PHONE NUMBER (800) 225-2467
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) JONES, SOPHIA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1205 INGLEWOOD DR MANSFIELD TX,
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PHONE NO. redacted per ORC 14	BIRTH DATE 12/06/1981	AGE 39	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE TX	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) BLACKMON, BEVERLEY, SUE	ADDRESS 4708 OLIVE RD, TROTWOOD, OH, 45426	PHONE NUMBER
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VEH YR 2019	MAKE Chevrolet	MODEL Equinox	COLOR BLACK	STYLE SW	STATE OH	LICENSE PLATE NO. JYJ9060	TOWING SERVICE	VEH/PED DIR FROM W To S
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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 checked="" type="checkbox"/> MODERATE <input 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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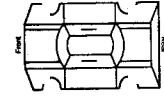
B UNIT NO. 02	NO OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT&RUN	NON CONTACT	INSURANCE CO. AMERICAN FAMILY	PHONE NUMBER (602) 944-9484
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) FLOREK, MICHAEL, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9218 N 13TH PL PHOENIX AZ, 85020
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 12/10/1953	AGE 67	SEX M	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE AZ	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS SAME	PHONE NUMBER
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VEH YR 2012	MAKE Dodge	MODEL Ram	COLOR SILVER	STYLE PU	STATE AZ	LICENSE PLATE NO. WTA7AC	TOWING SERVICE	VEH/PED DIR FROM W To S
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CIRCLE DAMAGE AREAS 	9 TOP 10 UNDER CAR 11 LOAD <input checked="" type="checkbox"/> 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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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

On September 1, 2021 around 1439 hours, I responded to a crash at Speedway, 711 S. Main Street. Unit 1 attempted to exit the lot around unit 2 which had already approached the exit. Unit 2 did not see unit 1 in his blind spot and began to travel south on S. Main Street striking unit 1 with his trailer, dragging unit 2 into the roadway.

RECEIVED CALL 14:42	CLEARED 15:43	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 103
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