

LOCAL REPORT NO. 21-073026

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-073026

REPORT TAKEN <input type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 09/26/2021	DAY SUN	TIME MILITARY 18:44	DATE REPORTED 09/27/2021	DAY REPORTED Mon	TIME REPORTED 18:47

ACCIDENT OCCURRED
885 UNION RD

<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 checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN

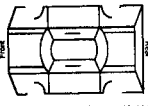
A	UNIT NO. 01	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input checked="" type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

PHONE NO. ()	BIRTH DATE M D Y	AGE	SEX	DRIVERS LICENSE NUMBER <i>redacted per ORC 4501:1-12</i>	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) _____ ADDRESS _____ PHONE NUMBER _____

VEH YR 0	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM To
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CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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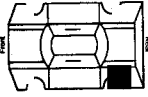
B	UNIT NO. 01	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ALLSTATE	PHONE NUMBER (844) 903-3519
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) _____ ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) _____

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 _____

VEH YR 2012	MAKE Honda	MODEL Cr-V	COLOR BLACK	STYLE SW	STATE OH	LICENSE PLATE NO. GOE9027	TOWING SERVICE	VEH/PED DIR FROM S To N
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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 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

Unit 2 was in a marked parking space facing north, in row H. When the driver returned to his vehicle, he noticed damage on the left rear quarter panel. He stated there wasn't a vehicle next to him when he parked.

Unit 2 was parked in a section where the cameras would not capture the event.

RECEIVED CALL 18:44	CLEARED 18:54	OFFICER'S NAME Ofc. P.J. Wendling	BADGE NO. 243	CHECKED BY 103
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