

LOCAL REPORT NO. 21-073398

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-073398

| | | | | | | |
|--|-----------------|--|---------------------|--|------------------|---------------------|
| REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE | | NO OF VEHICLES PEDESTRIANS INVOLVED 02 | | HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED | | |
| IN COUNTY OF MONTGOMERY | DATE 09/28/2021 | DAY TUE | TIME MILITARY 11:49 | DATE REPORTED 09/28/2021 | DAY REPORTED Tue | TIME REPORTED 11:49 |

ACCIDENT OCCURRED
800 UNION RD UNIT 104

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|---|---|--|---------------------------------|
| <input checked="" type="checkbox"/> LIGHT | <input checked="" type="checkbox"/> WEATHER | <input checked="" type="checkbox"/> ROAD CONDITIONS | DRIVER/WITNESS STATEMENT(S) |
| 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 | <input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN | |

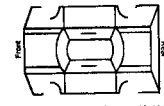
| | | | | | | | | |
|---------------|--------------------|---|---------------------------------|-------------------------------------|----------------------------------|--------------------------------------|---------------|------------------|
| A UNIT NO. 01 | NO OF OCCUPANTS 01 | OPERATING <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/> | DRIVERLESS <input type="checkbox"/> | HIT&RUN <input type="checkbox"/> | NON CONTACT <input type="checkbox"/> | INSURANCE CO. | PHONE NUMBER () |
|---------------|--------------------|---|---------------------------------|-------------------------------------|----------------------------------|--------------------------------------|---------------|------------------|

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| DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BAILEY, TYBREON, TAYLOR | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 800 UNION RD 102 ENGLEWOOD OH, 45322 |
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|----------------------------------|--------------------------|-----------|----------|--|-------|---------------------------------------|
| PHONE NO. redacted per ORC 14 | BIRTH DATE 07/24/1992 | AGE 29 | SEX F | DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12 | STATE | SOCIAL SECURITY NUMBER XXX-XX-XXXX |
|----------------------------------|--------------------------|-----------|----------|--|-------|---------------------------------------|

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| OWNER (IF SAME AS DRIVER, WRITE SAME) EVANS, DEONDREA, DANIELLE | ADDRESS 2446 HANCOCK AVE, DAYTON, OH, 45406 | PHONE NUMBER |
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| VEHYR 2012 | MAKE Hyundai | MODEL Sonata | COLOR GREY | STYLE 4D | STATE OH | LICENSE PLATE NO. N060708 | TOWING SERVICE | VEH/PED DIR FROM N 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 checked="" type="checkbox"/> NONE <input 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 |
|--|--|--|---|--|--|

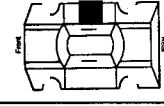
| | | | | | | | | |
|---------------|--------------------|---|---------------------------------|-------------------------------------|----------------------------------|--------------------------------------|-----------------------------|------------------|
| B UNIT NO. 02 | NO OF OCCUPANTS 01 | OPERATING <input checked="" type="checkbox"/> | PARKED <input type="checkbox"/> | DRIVERLESS <input type="checkbox"/> | HIT&RUN <input type="checkbox"/> | NON CONTACT <input type="checkbox"/> | INSURANCE CO. STATE FARM | PHONE NUMBER () |
|---------------|--------------------|---|---------------------------------|-------------------------------------|----------------------------------|--------------------------------------|-----------------------------|------------------|

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| DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) CARGLE, BRANDI, N | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2175 S LAKEMAN DR BELLBROOK OH, 45305 |
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|------------------------------------|--------------------------|-----------|----------|--|-------------|---------------------------------------|
| PHONE NO. red per ORC 149.43(A) | BIRTH DATE 06/06/1984 | AGE 37 | SEX F | 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) CARGLE, BRANDI, N | ADDRESS 2175 S LAKEMAN DR, BELLBROOK, OH, 45305 | PHONE NUMBER |
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| VEHYR 2018 | MAKE Chevrolet | MODEL Traverse | COLOR | STYLE SW | STATE OH | LICENSE PLATE NO. FCR2919 | TOWING SERVICE | VEH/PED DIR FROM S To NE |
|---------------|-------------------|-------------------|-------|-------------|-------------|------------------------------|----------------|-----------------------------|

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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"/> 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 28, 2021 Unit #1 was backing southbound from a marked parking space in the parking lot of 800 Union Rd. and when at the east/west right of way collided with Unit #2 who had previously backed from a marked parking space and was in the process of heading westbound in the parking lot.

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| RECEIVED CALL 11:49 | CLEARED 12:30 | OFFICER'S NAME Ofc. R.H. Ridgway | BADGE NO. 167 | CHECKED BY 243 |
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