

LOCAL REPORT NO. 21-075474

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-075474

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 <input type="checkbox"/>
IN COUNTY OF MONTGOMERY	DATE 10/06/2021	DAY WED	TIME MILITARY 8:51
	DATE REPORTED 10/06/2021	DAY REPORTED Wed	TIME REPORTED 8:51

ACCIDENT OCCURRED  
201 N 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 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	

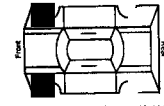
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. HOMEOWNERS INS CO	PHONE NUMBER (937) 698-4161
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) COX, PATRICIA, LYNN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 721 W MARTINDALE RD UNION OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 07/11/1952	AGE 69	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) SAME	ADDRESS	PHONE NUMBER
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VEH YR 2015	MAKE Cadillac	MODEL ATS	COLOR RED	STYLE 4D	STATE OH	LICENSE PLATE NO. EVQ9092	TOWING SERVICE OTHER	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 type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <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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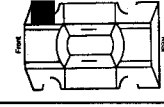
B UNIT NO. 02	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. CINCINNATI INS	PHONE NUMBER (877) 242-2544
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DRIVER 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) HALL, BARBARA, ANN	ADDRESS 7188 DOMINICAN DR, DAYTON, OH, 45415	PHONE NUMBER redacted
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VEH YR 2017	MAKE Cadillac	MODEL CT6	COLOR GREY	STYLE 4D	STATE OH	LICENSE PLATE NO. GQA1529	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 type="checkbox"/> NONE <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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DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

Unit 1 was pulling into a marked parking stall and when she attempted to stop, applied the gas pedal instead of the brake causing her vehicle to cross over a curb and into the front end of Unit 2, which was parked and unoccupied.

RECEIVED CALL 8:51	CLEARED 9:17	OFFICER'S NAME Ofc. T.R. Thomas	BADGE NO. 197	CHECKED BY 243
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