

LOCAL REPORT NO. 21-075550

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-075550

REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input 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 10/06/2021	DAY WED	TIME MILITARY 15:16	DATE REPORTED 10/06/2021	DAY REPORTED Wed	TIME REPORTED 15:20

ACCIDENT OCCURRED  
1190 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 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. GEICO	PHONE NUMBER (800) 207-7847
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) PAWELSKI, RUTH, PRISCILLA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 835 HERMAN AVE DAYTON OH, 45404
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PHONE NO. redacted per ORC 14	BIRTH DATE 09/19/1934	AGE 87	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 Toyota	MODEL Camry	COLOR DARK E	STYLE 4D	STATE OH	LICENSE PLATE NO. FQJ2069	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. 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. AUTO OWNERS INS	PHONE NUMBER (517) 323-1200
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) SIPPLE, KYONG, AE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5057 W WENGER RD CLAYTON OH, 45315
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 02/10/1960	AGE 61	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) SIPPLE, JASON, PATRICK	ADDRESS 5057 W WENGER RD, CLAYTON, OH, 45315	PHONE NUMBER redacted
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VEH YR 2014	MAKE Toyota	MODEL AVALON	COLOR WHITE	STYLE 4D	STATE OH	LICENSE PLATE NO. HWG4610	TOWING SERVICE	VEH/PED DIR FROM S 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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DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

Unit one was in a marked parking space facing north. Unit two was in a marked parking space facing south. Unit two backed out of its parking space to the east, as did unit one. Unit one collided with unit two, causing minor damage.

RECEIVED CALL 15:16	CLEARED 15:34	OFFICER'S NAME Ofc. P.J. Wendling	BADGE NO. 243	CHECKED BY 103
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