

LOCAL REPORT NO. 21-076482

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-076482

|  |                 |                                       |                     |   |                  |                     |
|--|-----------------|---------------------------------------|---------------------|---|------------------|---------------------|
| REPORT TAKEN<br><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 <input type="checkbox"/> |                  |                     |
| IN COUNTY OF MONTGOMERY  | DATE 10/10/2021 | DAY SUN                               | TIME MILITARY 12:07 | DATE REPORTED 10/10/2021  | DAY REPORTED Sun | TIME REPORTED 12:07 |

ACCIDENT OCCURRED  
7725 HOKE RD

|   |   |  |                                 |
|---|---|--|---------------------------------|
| <input checked="" type="checkbox"/> LIGHT | <input checked="" type="checkbox"/> WEATHER   | <input checked="" type="checkbox"/> ROAD CONDITIONS                            | DRIVER/WITNESS STATEMENT(S)     |
| 1 DAY LIGHT<br>2 DAWN<br>3 DUSK           | 4 DARK NO LIGHTS<br>5 DARK-LIGHTED<br>6 OTHER | 1 NO ADVERSE WEATHER<br>2 RAIN<br>3 SNOW                                       | 4 FOG<br>5 HIGH WIND<br>6 OTHER |
| 1 DRY<br>2 WET<br>3 SNOW                  | 4 ICE<br>5 DIRT/SAND<br>6 OTHER               | <input checked="" type="checkbox"/> VERBAL<br><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. GIECO | PHONE NUMBER (870) 373-3993 |
|---------------|--------------------|---|---------------------------------|-------------------------------------|----------------------------------|--------------------------------------|---------------------|-----------------------------|

|  |   |
|--|---|
| DRIVER PEDESTRIAN NAME (LAST, FIRST, MI)<br>SMITH, JOSEPH, WAYNE | ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)<br>2687 DUWAMISH CIRCLE UNIT 3 BREMERTON WA, 98188 |
|--|---|

|                               |                       |        |       |   |          |                                    |
|-------------------------------|-----------------------|--------|-------|---|----------|------------------------------------|
| PHONE NO. redacted per ORC 14 | BIRTH DATE 05/18/1959 | AGE 62 | SEX M | DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12 | STATE WA | SOCIAL SECURITY NUMBER XXX-XX-XXXX |
|-------------------------------|-----------------------|--------|-------|---|----------|------------------------------------|

|   |   |                       |
|---|---|-----------------------|
| OWNER (IF SAME AS DRIVER, WRITE SAME)<br>ALAMO RENTAL | ADDRESS<br>3600 3600 TERMINAL RD, VANDALIA, OH, 45377 | PHONE NUMBER redacted |
|---|---|-----------------------|

|             |             |       |            |          |          |                           |                |                         |
|-------------|-------------|-------|------------|----------|----------|---------------------------|----------------|-------------------------|
| VEH YR 2021 | MAKE Nissan | MODEL | COLOR BLUE | STYLE 4D | STATE OH | LICENSE PLATE NO. HYF2614 | TOWING SERVICE | VEH/PED DIR FROM W To E |
|-------------|-------------|-------|------------|----------|----------|---------------------------|----------------|-------------------------|

|                     |  |  |   |  |  |
|---------------------|--|--|---|--|--|
| CIRCLE DAMAGE AREAS | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |
|---------------------|--|--|---|--|--|

|               |                 |                                    |  |                                     |                                  |                                      |                               |                             |
|---------------|-----------------|------------------------------------|--|-------------------------------------|----------------------------------|--------------------------------------|-------------------------------|-----------------------------|
| B UNIT NO. 02 | NO OF OCCUPANTS | 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. AMERICAN FAMILY | PHONE NUMBER (937) 540-9163 |
|---------------|-----------------|------------------------------------|--|-------------------------------------|----------------------------------|--------------------------------------|-------------------------------|-----------------------------|

|  |  |
|--|--|
| 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 redacted per ORC 4501:1-12 | STATE | SOCIAL SECURITY NUMBER XXX-XX-XXXX |
|---------------|----------------------|-----|-----|---|-------|------------------------------------|

|   |  |                       |
|---|--|-----------------------|
| OWNER (IF SAME AS DRIVER, WRITE SAME)<br>CHANCELLOR, DELORES, M | ADDRESS<br>118 S OLD MILL RD APT 503, UNION, OH, 45322 | PHONE NUMBER redacted |
|---|--|-----------------------|

|             |            |                    |           |          |          |                           |                |                         |
|-------------|------------|--------------------|-----------|----------|----------|---------------------------|----------------|-------------------------|
| VEH YR 2007 | MAKE Buick | MODEL Other/Unknow | COLOR TAN | STYLE 4D | STATE OH | LICENSE PLATE NO. HTZ5024 | TOWING SERVICE | VEH/PED DIR FROM S To N |
|-------------|------------|--------------------|-----------|----------|----------|---------------------------|----------------|-------------------------|

|                     |  |  |   |  |  |
|---------------------|--|--|---|--|--|
| CIRCLE DAMAGE AREAS | 9 TOP<br>10 UNDER CAR<br>11 LOAD<br>12 TRAILER | DAMAGE SEVERITY<br><input checked="" type="checkbox"/> NON-FUNCTIONAL<br><input type="checkbox"/> FUNCTIONAL<br><input type="checkbox"/> DISABLING | DAMAGE SCALE<br><input type="checkbox"/> NONE <input type="checkbox"/> MODERATE<br><input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY | VEHICLE DISPOSITION<br><input checked="" type="checkbox"/> DRIVEN AWAY<br><input type="checkbox"/> REMAINED AT SCENE<br><input type="checkbox"/> TOWED | FIRE<br><input checked="" type="checkbox"/> NO FIRE<br><input type="checkbox"/> FIRE DUE TO CRASH<br><input type="checkbox"/> OTHER FIRE |
|---------------------|--|--|---|--|--|

DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

On 10/10/21 around 1207 hours unit one was backing backing into a parking space and in so doing struck unit two which was legally parked causing damage to both units.

|                     |               |                                 |               |                |
|---------------------|---------------|---------------------------------|---------------|----------------|
| RECEIVED CALL 12:07 | CLEARED 12:47 | OFFICER'S NAME Ofc. J.R. Spicer | BADGE NO. 266 | CHECKED BY 210 |
|---------------------|---------------|---------------------------------|---------------|----------------|