

LOCAL REPORT NO. 21-076672

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-076672

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 10/11/2021	DAY MON	TIME MILITARY 10:26	DATE REPORTED 10/12/2021	DAY REPORTED Tue	TIME REPORTED 10:26

ACCIDENT OCCURRED
1095 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 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	

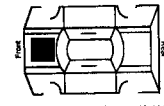
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ALLSTATE	PHONE NUMBER ()
---------------	--------------------	---	---------------------------------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

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BILL, MARISSA, MICHELLE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4739 SCOTHILLS DR ENGLEWOOD OH, 45322
---	---

PHONE NO. redacted per ORC 14	BIRTH DATE 12/08/1999	AGE 21	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
-------------------------------	-----------------------	--------	-------	---	----------	------------------------------------

OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS	PHONE NUMBER
---	---------	--------------

VEH YR 2014	MAKE Chevrolet	MODEL Cruze	COLOR GOLD	STYLE 4D	STATE OH	LICENSE PLATE NO. JER9671	TOWING SERVICE	VEH/PED DIR FROM N To S
-------------	----------------	-------------	------------	----------	----------	---------------------------	----------------	-------------------------

CIRCLE DAMAGE AREAS 	9 TOP	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
	10 UNDER CAR		11 LOAD	12 TRAILER		

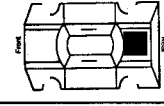
B UNIT NO. 02	NO OF OCCUPANTS 02	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ALLSTATE	PHONE NUMBER ()
---------------	--------------------	---	---------------------------------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

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) KILGORE, H, ALICIA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6140 WESTFORD RD TROTWOOD OH, 45426
--	---

PHONE NO. red per ORC 149.43(A)	BIRTH DATE 03/31/1977	AGE 44	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
---------------------------------	-----------------------	--------	-------	---	----------	------------------------------------

OWNER (IF SAME AS DRIVER, WRITE SAME) SAME	ADDRESS	PHONE NUMBER
---	---------	--------------

VEH YR 2020	MAKE Kia	MODEL Other/Unknown	COLOR DARK C	STYLE 4D	STATE OH	LICENSE PLATE NO. JIX1226	TOWING SERVICE	VEH/PED DIR FROM N To S
-------------	----------	---------------------	--------------	----------	----------	---------------------------	----------------	-------------------------

CIRCLE DAMAGE AREAS 	9 TOP	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
	10 UNDER CAR		11 LOAD	12 TRAILER		

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

On October 11, 2021 Unit #1 was heading southbound in the Frisch's Big Boy drive thru lane and when at the pick-up window area, failed to maintain assured clear distance ahead and collided with Unit #2 which was in the drive-thru lane heading southbound and was stopped at the pick-up window.

RECEIVED CALL 10:26	CLEARED 11:00	OFFICER'S NAME Ofc. R.H. Ridgway	BADGE NO. 167	CHECKED BY 160
------------------------	------------------	-------------------------------------	------------------	-------------------