

LOCAL REPORT NO. 21-077006

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-077006

REPORT TAKEN <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 10/12/2021	DAY TUE	TIME MILITARY 18:26	DATE REPORTED 10/12/2021	DAY REPORTED Tue	TIME REPORTED 18:30

ACCIDENT OCCURRED
885 UNION RD

<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	

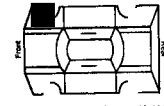
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. GEICO	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BOYKINS, MELINDA, ANTOINETTE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1346 SHAFTESBURY RD DAYTON OH, 45406
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PHONE NO. redacted per ORC 14	BIRTH DATE 04/03/1964	AGE 57	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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VEHYR 1997	MAKE Oldsmobile	MODEL Aurora	COLOR WHITE	STYLE 4D	STATE OH	LICENSE PLATE NO. GIV5127	TOWING SERVICE	VEH/PED DIR FROM W 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"/> 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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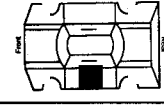
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ERIE INSURANCE	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) DEAN, JOYCE, CHARLENE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4195 GORMAN AVE ENGLEWOOD OH, 45322
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 11/06/1941	AGE 79	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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VEHYR 1996	MAKE Oldsmobile	MODEL Custom Cruis	COLOR BLUE	STYLE 4D	STATE OH	LICENSE PLATE NO. BF78EF	TOWING SERVICE	VEH/PED DIR FROM S 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"/> 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 1, OH GIV5127 (GEICO INSURANCE) BOYKINS WAS PULLING INTO A PARKING SPOT TRAVELING WEST IN ROW B AND STRUCK UNIT 2 OH BF78EF (ERIE INSURANCE POLICY QO36708820) DEAN WHO WAS PARKED FACING SOUTH IN A PARKING SPOT IN ROW B. MINOR DAMAGE ON UNIT 1 PASSENGER SIDE FRONT BUMPER AREA CONSISTED OF PAINT TRANSFER. DAMAGE ON UNIT 2 DRIVERS SIDE DOOR AND DRIVERS SIDE REAR DOOR CONSISTED OF PAINT TRANSFER AND MINOR SCRATCHES. EXCHANGE OF INFORMATION COMPLETED ON EPD FORM 36. BOYKINS STATED SHE WOULD CONTACT DEAN BY PHONE WITH HER GEICO INSURANCE POLICY NUMBER DUE TO NOT BEING ABLE TO LOCATE IT WHILE ON SCENE.

RECEIVED CALL 18:30	CLEARED 19:11	OFFICER'S NAME Ofc. R.A. Cottrell	BADGE NO. 262	CHECKED BY 160
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