

LOCAL REPORT NO. 21-077441

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-077441

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		
IN COUNTY OF MONTGOMERY	DATE 10/14/2021	DAY THU	TIME MILITARY 12:59	DATE REPORTED 10/14/2021	DAY REPORTED Thu	TIME REPORTED 12:59

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) <input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN
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	

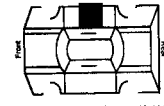
A	UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. CSAA INSURANCE	PHONE NUMBER (800) 207-3618
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) KREIDER, MARY, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 162 CHRIS DR ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 06/25/1955	AGE 66	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 SAME	PHONE NUMBER
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VEH YR 2012	MAKE Chevrolet	MODEL Malibu	COLOR GOLD	STYLE 4D	STATE OH	LICENSE PLATE NO. DJ07ZE	TOWING SERVICE	VEH/PED DIR FROM E To W
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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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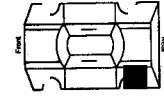
B	UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ALLSTATE	PHONE NUMBER (800) 669-2214
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) ARCHER, GLADYS, D	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 883 MARIDON CT VANDALIA OH, 45377
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 08/08/1941	AGE 80	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 SAME	PHONE NUMBER
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VEH YR 2017	MAKE Buick	MODEL Lacrosse	COLOR RED	STYLE 4D	STATE OH	LICENSE PLATE NO. HFD8229	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"/> 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

On October 14, 2021 at 1259 hours, at 201 N. Main Street, unit 1 was traveling west through the parking lot and side swiped the rear of unit 2 which was parked in a spot.

The damage was minor with what appeared to be only a paint transfer. Photographs of both vehicles were obtained and an EPD form 36 was completed for each unit.

RECEIVED CALL 12:59	CLEARED 13:30	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 160
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