

LOCAL REPORT NO. 21-077469

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-077469

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 1		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 10/14/2021	DAY THU	TIME MILITARY 15:30	DATE REPORTED 10/14/2021	DAY REPORTED Thu	TIME REPORTED 15:30

ACCIDENT OCCURRED
6800 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 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 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. UNKNOWN	PHONE NUMBER ()
---------------	--------------------	-----------------------------------------------	---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	-----------------------	------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) LYNN, JERRIN, LAMON'TRE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 326 TRUDY AVE DAYTON OH, 45426
---------------------------------------------------------------------	--------------------------------------------------------------------------------

PHONE NO. ()	BIRTH DATE 09/27/2002	AGE 19	SEX M	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
---------------	-----------------------	--------	-------	-------------------------------------------------------------	----------	---------------------------------------

OWNER (IF SAME AS DRIVER, WRITE SAME) LEVEL MB CONSTRUCTION	ADDRESS 226 S MARKET ST , TROY, OH, 45373	PHONE NUMBER redacted
----------------------------------------------------------------	----------------------------------------------	--------------------------

VEH YR 2020	MAKE Polaris	MODEL Ranger	COLOR BLACK	STYLE HB	STATE OH	LICENSE PLATE NO. 000351488216	TOWING SERVICE	VEH/PED DIR FROM W To E
-------------	--------------	--------------	-------------	----------	----------	--------------------------------	----------------	-------------------------

CIRCLE DAMAGE AREAS		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 type="checkbox"/> DRIVEN AWAY <input checked="" 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
---------------------	--	----------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------

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

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	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
---------------	----------------------	-----	-----	------------------------	-------	---------------------------------------

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

VEH YR 0	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM To
----------	------	-------	-------	-------	-------	-------------------	----------------	---------------------

CIRCLE DAMAGE AREAS		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
---------------------	--	-----------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

On October 14, 2021 around 1530 hours, unit 1 was traveling north through the back dirt road and apparently lost control of the vehicle. Unit 1 went off the right side of the roadway and ended up flipped on its side.

Photographs were obtained and the crash report information was provided to the foreman on scene.

RECEIVED CALL 15:30	CLEARED 16:12	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 160
------------------------	------------------	----------------------------------------	------------------	-------------------