

LOCAL REPORT NO. 21-077254

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-077254

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 2		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 10/13/2021	DAY WED	TIME MILITARY 19:23	DATE REPORTED 10/13/2021	DAY REPORTED Wed	TIME REPORTED 19:23

ACCIDENT OCCURRED
1190 S MAIN ST

<input type="checkbox"/> 5 LIGHT	<input type="checkbox"/> 1 WEATHER	<input type="checkbox"/> 1 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	

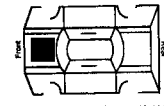
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. PROGRESSIVE	PHONE NUMBER (800) 776-4737
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) FRAZIER, WILLIAM, C	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4030 DONEGAL ST DAYTON OH, 45426
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PHONE NO. redacted per ORC 14	BIRTH DATE 03/12/1975	AGE 46	SEX M	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 2003	MAKE inTech Trailers	MODEL	COLOR GREEN	STYLE	STATE OH	LICENSE PLATE NO. PKL2754	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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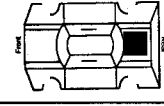
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. SAFE CO	PHONE NUMBER (937) 294-1755
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) JOHNSON, MAXINE, DENISE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5622 OLIVE TREE DR TROTWOOD OH, 45426
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PHONE NO. ()	BIRTH DATE 12/31/1963	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 SAME	PHONE NUMBER
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VEH YR 2010	MAKE Chevrolet	MODEL Impala	COLOR SILVER	STYLE 4D	STATE OH	LICENSE PLATE NO. DDN1756	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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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

On October 13, 2021 at 1923 hours, unit 2 was waiting to exit the Aldi parking lot at 1190 S. Main Street onto Main Street when unit 1 struck unit 2 in the rear. Unit 1 then reversed and exited at the north end of the parking lot and began to travel north on Main Street.

Unit 1 was stopped by Sgt. Follick and escorted back to the crash scene. Both units appeared to have old damage along with some fresh damage. There was a paint transfer from each unit from this incident.

Photographs were obtained and attached to this crash report. Unit 2 was unable to provide a written statement due to nerve damage in her arm. Each unit was provided an EPD form 36 with the crash report number.

RECEIVED CALL 19:23	CLEARED 20:03	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 103
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