

LOCAL REPORT NO. 21-078290

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-078290

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 checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 10/17/2021	DAY SUN	TIME MILITARY 20:46	DATE REPORTED 10/17/2021	DAY REPORTED Sun	TIME REPORTED 20:46

ACCIDENT OCCURRED  
9285 N MAIN ST

<input checked="" type="checkbox"/> 5 LIGHT	<input checked="" type="checkbox"/> 1 WEATHER	<input checked="" type="checkbox"/> 1 ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S)
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	<input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN

A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input checked="" type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) UNKNOWN
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PHONE NO. ( )	BIRTH DATE M   D   Y	AGE	SEX	DRIVERS LICENSE NUMBER <b>redacted per ORC 4501:1-12</b>	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE NUMBER
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VEH YR 0	MAKE Chevrolet	MODEL Impala	COLOR BLACK	STYLE	STATE	LICENSE PLATE NO.	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 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 checked="" 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
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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 (800) 255-7828
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) KILGORE, H, ALICIA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6140 WESTFORD RD TROTWOOD OH, 45426
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 03/31/1977	AGE 44	SEX F	DRIVERS LICENSE NUMBER <b>redacted per ORC 4501:1-12</b>	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 2020	MAKE Kia	MODEL Other/Unknown	COLOR DARK C	STYLE SW	STATE OH	LICENSE PLATE NO. JIX1226	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 17, 2021 around 2046 hours, unit 2 was stopped in the drive-thru line at 9285 N. Main Street and was struck in the rear by unit 1 which was also in the line.

Unit 1 stated to unit 2 that she did not have insurance and attempted to offering cash. Unit 1 fled the scene as unit 2 contacted the police.

RECEIVED CALL 20:46	CLEARED 20:58	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 243
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