

LOCAL REPORT NO. 21-077711

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-077711

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES INVOLVED 01		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED <input checked="" type="checkbox"/>		
IN COUNTY OF MONTGOMERY	DATE 10/14/2021	DAY THU	TIME MILITARY 23:15	DATE REPORTED 10/15/2021	DAY REPORTED Fri	TIME REPORTED 13:54

ACCIDENT OCCURRED
606 TAYWOOD RD UNIT 9

<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 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		

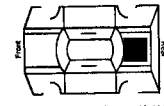
A UNIT NO. 01	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input checked="" type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
---------------	-----------------	------------------------------------	---------------------------------	-------------------------------------	---	--------------------------------------	---------------	------------------

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 <i>redacted per ORC 4501:1-12</i>	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
---------------	----------------------	-----	-----	---	-------	---------------------------------------

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

VEH YR 0	MAKE	MODEL	COLOR MAROON	STYLE 4D	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM W To E
----------	------	-------	--------------	----------	-------	-------------------	----------------	-------------------------

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
---------------------	---	--	--	---	--	--

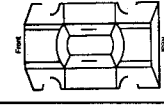
B UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
------------	-----------------	------------------------------------	---------------------------------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

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		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 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 Friday, October 15, 2021 at 1400 hours, I responded to Planet Fitness, 606 Taywood Road, Englewood, reference a past-occurred hit & run crash.

Upon arrival, I spoke with reportee Christian Carlson (937-524-3956) who explained that his over-night employee reported a "loud bang that shook the building" on Thursday night, but was unaware of the source. Today, while reviewing surveillance video, Carlson discovered that a maroon, 4-door sedan, possibly a Chevrolet Cruze, collided with the brick pillar located in front of the business. The vehicle was traveling in reverse from the west and just the rear quarter-panel and rear driver's side door are visible in the video frame, as it collides with the pillar, prior to driving-away. No identifying information on the suspect vehicle can be obtained from the video; however, based on the extent of damage and force of the collision, the vehicle should have obvious damage on the rear bumper and trunk area.

Photos of the resulting damage were obtained and are included with this report.

Additionally, Englewood building inspector Mike Siehl was notified of the damage and requested to examine it.

Carlson was provided the report number.

RECEIVED CALL	CLEARED	OFFICER'S NAME Sgt. C.M. Follick	BADGE NO. 160	CHECKED BY 245
---------------	---------	-------------------------------------	------------------	-------------------