

LOCAL REPORT NO. 21-078473

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-078473

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 02		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 10/18/2021	DAY MON	TIME MILITARY 14:01	DATE REPORTED 10/18/2021	DAY REPORTED Mon	TIME REPORTED 14:01

ACCIDENT OCCURRED
1190 S 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 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		

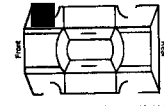
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. STATE FARM	PHONE NUMBER (937) 770-2029
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) SHELLEY, RUTH, L	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5102 JOHNSVILLE BROOKVILLE RD BROOKVILLE OH, 45309
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PHONE NO. redacted per ORC 14	BIRTH DATE 03/11/1940	AGE 81	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 redacted
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VEH YR 2005	MAKE Ford	MODEL Five Hundred	COLOR WHITE	STYLE 4D	STATE OH	LICENSE PLATE NO. AEM6535	TOWING SERVICE	VEH/PED DIR FROM E To S
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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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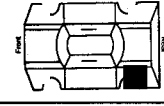
B UNIT NO. 02	NO OF OCCUPANTS 02	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. OHIO INS. CO	PHONE NUMBER (877) 876-8766
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) NEWPORT, PAUL, EDWARD	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 65 W SOUTH ST WEST ALEXANDRIA OH, 45381
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 12/12/1947	AGE 73	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 redacted
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VEH YR 2018	MAKE Chevrolet	MODEL Impala	COLOR SILVER	STYLE 4D	STATE OH	LICENSE PLATE NO. 087YLU	TOWING SERVICE	VEH/PED DIR FROM N To S
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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

Unit 2 was parking in their parking spot about to turn the vehicle off. Unit 1 turned into the spot next to it and the front passenger side struck the back driver side quarter panel of unit 2.

Unit 1 insurance policy number: 345 5291-D26-35A
Unit 2 insurance policy number: 3941-06-876207-09A

RECEIVED CALL 14:01	CLEARED 14:25	OFFICER'S NAME Ofc. T.J. Ricker	BADGE NO. 249	CHECKED BY 243
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