

LOCAL REPORT NO. 21-080335

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-080335

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 type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 10/25/2021	DAY MON	TIME MILITARY 18:27	DATE REPORTED 10/25/2021	DAY REPORTED Mon	TIME REPORTED

ACCIDENT OCCURRED
1095 S MAIN ST

<input checked="" type="checkbox"/> 3 LIGHT	<input checked="" type="checkbox"/> 2 WEATHER	<input checked="" type="checkbox"/> 2 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	

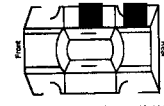
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ALLSTATE	PHONE NUMBER (937) 533-4401
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) NICHOLS, RENEE, A	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4407 SKYLARK DR ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 12/29/1975	AGE 45	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) NICHOLS, CHRISTOPHER, D	ADDRESS 4407 SKYLARK DR, ENGLEWOOD, OH, 45322	PHONE NUMBER
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VEH YR 1999	MAKE Buick	MODEL	COLOR DARK E	STYLE 4D	STATE OH	LICENSE PLATE NO. HKN2556	TOWING SERVICE	VEH/PED DIR FROM E To W
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" 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 checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR		11 LOAD	12 TRAILER		

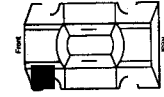
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. GEICO	PHONE NUMBER (800) 841-3000
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MATTISON, TAMEKA, ASHA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3214 DELPHOS AVE DAYTON OH, 45417
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 06/28/2003	AGE 18	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	PHONE NUMBER
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VEH YR 2010	MAKE Nissan	MODEL Murano	COLOR MAROON	STYLE SW	STATE OH	LICENSE PLATE NO. M937384	TOWING SERVICE	VEH/PED DIR FROM N To S
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" 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 checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR		11 LOAD	12 TRAILER		

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

At around 1827 on October 25, 2021, Unit 1 entered the south entrance of 1095 S Main St, Englewood, OH, and was traveling west through a thoroughfare and when at the conjunction, Unit 2 was traveling south through the parking lot and both vehicles failed to yield causing them to strike each other. Moderate damage to both vehicles. There were no stop signs in the parking lot. Pictures attached.

RECEIVED CALL	CLEARED	OFFICER'S NAME Ofc. K.T. Gee	BADGE NO. 261	CHECKED BY 200
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