

LOCAL REPORT NO. 21-081369

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-081369

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 10/29/2021	DAY FRI	TIME MILITARY 17:04	DATE REPORTED 10/29/2021	DAY REPORTED Fri	TIME REPORTED 17:04

ACCIDENT OCCURRED
1092 S MAIN ST

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input checked="" type="checkbox"/> 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) 876-5581
---------------	--------------------	---	---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	---------------------------	-----------------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) PETRY, SAVANNAH, KAY	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 21 GREENCLIFF DR ENGLEWOOD OH, 45322
--	--

PHONE NO. redacted per ORC 14	BIRTH DATE 08/13/1996	AGE 25	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
-------------------------------	-----------------------	--------	-------	---	----------	------------------------------------

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

VEH YR 2005	MAKE Pontiac	MODEL Vibe	COLOR RED	STYLE SW	STATE OH	LICENSE PLATE NO. HRG4238	TOWING SERVICE	VEH/PED DIR FROM N To S
-------------	--------------	------------	-----------	----------	----------	---------------------------	----------------	-------------------------

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"/> 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. 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. NATIONWIDE	PHONE NUMBER (800) 421-3535
---------------	--------------------	---	---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	--------------------------	-----------------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) JOHNSON, RAYMOND, E	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4405 THOMPSON DR DAYTON OH, 45416
---	---

PHONE NO. red per ORC 149.43(A)	BIRTH DATE 02/16/1945	AGE 76	SEX M	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
---------------------------------	-----------------------	--------	-------	---	----------	------------------------------------

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

VEH YR 2006	MAKE Buick	MODEL Rendezvous	COLOR	STYLE SW	STATE OH	LICENSE PLATE NO. 83LPTA	TOWING SERVICE ENGLEWOOD TRUCK	VEH/PED DIR FROM S To N
-------------	------------	------------------	-------	----------	----------	--------------------------	--------------------------------	-------------------------

CIRCLE DAMAGE AREAS	9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
---------------------	--	--	---	--	--

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

Unit 1 was traveling South in the parking lot. Unit 2 was traveling North in the parking lot. Both units struck head on causing damage to the front of both units. Part of the styrofoam was coming out from the front end of Unit 1 bumper and pieces of the headlight of Unit 1 were on the side of the road where Unit 2 was. Unit 2 stopped after the accident while unit 1 moved her vehicle and parked it prior to my arrival.

RECEIVED CALL 17:04	CLEARED 17:30	OFFICER'S NAME Ofc. T.J. Ricker	BADGE NO. 249	CHECKED BY 245
------------------------	------------------	------------------------------------	------------------	-------------------