

LOCAL REPORT NO. 21-081986

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-081986

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 11/01/2021	DAY MON	TIME MILITARY 9:19	DATE REPORTED 11/01/2021	DAY REPORTED Mon	TIME REPORTED 9:19

ACCIDENT OCCURRED  
20 ROCKRIDGE RD

<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	

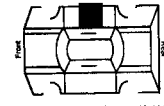
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. GEICO	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) CHAPMAN, ROBERT, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 513 PORTAGE PATH SPRINGFIELD OH, 45506
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PHONE NO. redacted per ORC 14	BIRTH DATE 02/12/1956	AGE 65	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	PHONE NUMBER
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VEH YR 2016	MAKE Chevrolet	MODEL Cruze	COLOR BLACK	STYLE 4D	STATE OH	LICENSE PLATE NO. GZQ1501	TOWING SERVICE	VEH/PED DIR FROM W To E
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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"/> LIGHT <input checked="" type="checkbox"/> MODERATE <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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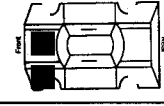
B UNIT NO. 02	NO OF OCCUPANTS 02	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. INDIANA FARMERS	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) ROBLES, CHERYL, A	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 7804 HOSLER RD LEO IN, 46765
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/13/1952	AGE 69	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE IN	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 2013	MAKE Chevrolet	MODEL Equinox	COLOR BLACK	STYLE SW	STATE IN	LICENSE PLATE NO. UTP880	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 checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <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 November 01, 2021 Unit #2 was in the parking lot of the Best Western Hotel 20 Rockridge Rd Englewood, Ohio heading northbound in the Right of Way. As Unit #2 was exiting the parking lot, Unit #1 was heading eastbound in the roundabout and collided with Unit #2 while attempting to merge into the Right of Way.

RECEIVED CALL 9:19	CLEARED 10:00	OFFICER'S NAME Ofc. R.H. Ridgway	BADGE NO. 167	CHECKED BY 243
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