

LOCAL REPORT NO. 21-083643

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-083643

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 11/07/2021	DAY SUN	TIME MILITARY 18:08	DATE REPORTED 11/07/2021	DAY REPORTED Sun	TIME REPORTED 18:12

ACCIDENT OCCURRED  
590 S MAIN ST

<input checked="" type="checkbox"/> 5 LIGHT	<input checked="" type="checkbox"/> 1 WEATHER	<input checked="" type="checkbox"/> 1 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	

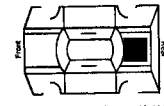
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. STATE FARM	PHONE NUMBER (937) 770-2029
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) THAYER, CAROL, L	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2105 NORTHCREEK DR ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 10/17/1944	AGE 77	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 2019	MAKE Nissan	MODEL SENTRA	COLOR SILVER	STYLE 4D	STATE OH	LICENSE PLATE NO. HYB7740	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"/> 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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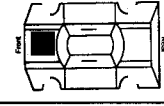
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ALL STATE	PHONE NUMBER (937) 836-3300
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) THOMAS, MARY, CHRISTINE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 700 BEERY BLVD ENGLEWOOD OH, 45322
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 01/07/1963	AGE 58	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 2013	MAKE Chevrolet	MODEL Malibu	COLOR GREY	STYLE 4D	STATE OH	LICENSE PLATE NO. HMR4894	TOWING SERVICE	VEH/PED DIR FROM E To W
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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 one was in the drive-thru lane facing west. Unit two was directly behind unit one, facing west. Unit one backed up and struck unit two.

RECEIVED CALL 18:08	CLEARED 18:23	OFFICER'S NAME Ofc. P.J. Wendling	BADGE NO. 243	CHECKED BY 103
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