

LOCAL REPORT NO. 21-084549

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-084549

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 11/11/2021	DAY THU	TIME MILITARY 9:01	DATE REPORTED 11/11/2021	DAY REPORTED Thu	TIME REPORTED 9:02

ACCIDENT OCCURRED
1095 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 4 DARK NO LIGHTS 1 NO ADVERSE WEATHER 4 FOG 1 DRY 4 ICE	2 DAWN 5 DARK-LIGHTED 2 RAIN 5 HIGH WIND 2 WET 5 DIRT/SAND	3 DUSK 6 OTHER 3 SNOW 6 OTHER 3 SNOW 6 OTHER	

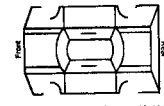
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. GEICO	PHONE NUMBER (937) 389-9840
---------------	--------------------	---	---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	---------------------	-----------------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BROOKSHIRE, ANTHONY, JERVON	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 23 MCNAY CT DAYTON OH, 45426
---	--

PHONE NO. redacted per ORC 14	BIRTH DATE 06/15/1989	AGE 32	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	PHONE NUMBER
---	---------	--------------

VEH YR 2013	MAKE Dodge	MODEL Ram	COLOR RED	STYLE	STATE OH	LICENSE PLATE NO. 552ZDB	TOWING SERVICE	VEH/PED DIR FROM N To S
-------------	------------	-----------	-----------	-------	----------	--------------------------	----------------	-------------------------

CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input 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		

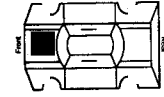
B UNIT NO. 02	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. TRAVELERS INS	PHONE NUMBER (937) 397-4358
---------------	--------------------	------------------------------------	--	-------------------------------------	----------------------------------	--------------------------------------	-----------------------------	-----------------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) GOUGH, MICHAEL, D	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1021 HEATHWOOD DR ENGLEWOOD OH, 45322
---	---

PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/15/1950	AGE 71	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	PHONE NUMBER
---	---------	--------------

VEH YR 2011	MAKE GMC	MODEL Terrain	COLOR TAN	STYLE SW	STATE OH	LICENSE PLATE NO. HQQ5836	TOWING SERVICE	VEH/PED DIR FROM To
-------------	----------	---------------	-----------	----------	----------	---------------------------	----------------	---------------------

CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <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
	10 UNDER CAR		11 LOAD	12 TRAILER		

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

UNIT 1, OH 552ZDB (GEICO POLICY 4264-76-23-62) BROOKSHIRE WAS BACKING OUT SOUTH FROM PARKING SPOT AND STRUCK UNIT 2 (TRAVELERS POLICY 609760182-203-1) GOUGH WHO WAS PARKED IN A PARKING LOT. NO DAMAGE ON UNIT 1. DAMAGE ON UNIT 2 OCCURRED ON FRONT BUMPER AND LICENSE PLATE AREA. EXCHANGE OF INFORMATION COMPLETED.

RECEIVED CALL 9:02	CLEARED 9:27	OFFICER'S NAME Ofc. R.A. Cottrell	BADGE NO. 262	CHECKED BY 160
-----------------------	-----------------	--------------------------------------	------------------	-------------------