

LOCAL REPORT NO. 21-084651

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-084651

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 <input type="checkbox"/>		
IN COUNTY OF MONTGOMERY	DATE 11/11/2021	DAY THU	TIME MILITARY 18:13	DATE REPORTED 11/11/2021	DAY REPORTED Thu	TIME REPORTED 18:13

ACCIDENT OCCURRED  
9200 N MAIN ST

5 LIGHT	2 WEATHER	2 ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S) <input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN
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		

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 INS	PHONE NUMBER (800) 207-7847
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) COX, LAWRENCE, D	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4703 STONEHEDGE ST DAYTON OH, 45426
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PHONE NO. redacted per ORC 14	BIRTH DATE 07/17/1957	AGE 64	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 Nissan	MODEL Quest	COLOR SILVER	STYLE VN	STATE OH	LICENSE PLATE NO. JBS6762	TOWING SERVICE	VEH/PED DIR FROM N 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 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
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B UNIT NO. 02	NO OF OCCUPANTS 03	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) 264-0800
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) THARP, TIMOTHY, ANDREW	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 9100 DODSON RD BROOKVILLE OH, 45309
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/03/1976	AGE 45	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 2020	MAKE Ford	MODEL Ranger	COLOR BLUE	STYLE TK	STATE OH	LICENSE PLATE NO. JBS6762	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 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
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DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

On November 11, 2021, at around 1813, Unit 1 advised he came to a complete stop at the stop sign in the parking lot of 9200 N Main St. As Unit 1 was entering the intersection to turn right towards N Main St, Unit 2 came from the east side of the intersection traveling west without stopping and struck Unit 1.

Unit 2 advised he came to a complete stop first and entered the intersection. Unit 1 failed to yield and entered the intersection striking Unit 2.

Both units had conflicting stories of what occurred. Both vehicles had moderate damage and photos were taken.

RECEIVED CALL 18:13	CLEARED 18:41	OFFICER'S NAME Ofc. K.T. Gee	BADGE NO. 261	CHECKED BY 103
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