

LOCAL REPORT NO. 21-084564

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
21-084564

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 9:46	DATE REPORTED 11/11/2021	DAY REPORTED Thu	TIME REPORTED 9:47

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)
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	

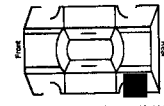
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. USAA	PHONE NUMBER (937) 275-9866
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) ELY, HAROLD, B	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2814 WOODWAY AVE DAYTON OH, 45405
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PHONE NO. redacted per ORC 14	BIRTH DATE 06/12/1956	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 2017	MAKE GMC	MODEL Sierra	COLOR BLUE	STYLE PU	STATE OH	LICENSE PLATE NO. HXM6245	TOWING SERVICE	VEH/PED DIR FROM S To N
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CIRCLE DAMAGE AREAS 	9 TOP	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"/> 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
	10 UNDER CAR		11 LOAD	12 TRAILER		

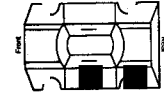
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. USAA	PHONE NUMBER (216) 534-9696
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) ATWATER, JANICE, CARLA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 712 N EPPINGTON DR DAYTON OH, 45426
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/04/1956	AGE 65	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 2015	MAKE Chevrolet	MODEL Traverse	COLOR RED	STYLE	STATE OH	LICENSE PLATE NO. 877ZDD	TOWING SERVICE	VEH/PED DIR FROM E To W
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CIRCLE DAMAGE AREAS 	9 TOP	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"/> 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
	10 UNDER CAR		11 LOAD	12 TRAILER		

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

UNIT 1, OH HXM6245 (USAA POLICY 03233-44-96G) ELY WAS BACKING OUT NORTH FROM PARKING SPOT AND STRUCK UNIT 2 (USAA POLICY 02744-13-87G) ATWATER WHO WAS TRAVELING WEST IN PARKING LOT. MINOR DAMAGE ON UNIT 1 DRIVERS SIDE REAR BUMPER AREA. DAMAGE ON UNIT 2 DRIVERS SIDE PASSENGER DOOR AND DRIVERS SIDE REAR OF VEHICLE. EXCHANGE OF INFORMATION COMPLETED.

RECEIVED CALL 9:47	CLEARED 10:09	OFFICER'S NAME Ofc. R.A. Cottrell	BADGE NO. 262	CHECKED BY 160
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