

LOCAL REPORT NO. EN21000000

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
EN21000000

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 11/17/2021	DAY WED	TIME MILITARY 16:58	DATE REPORTED 11/17/2021	DAY REPORTED Wed	TIME REPORTED 16:58

ACCIDENT OCCURRED  
9200 N MAIN ST ENGLEWOOD, OH 45322

<input checked="" type="checkbox"/> 3 LIGHT	<input checked="" type="checkbox"/> 2 WEATHER	<input checked="" type="checkbox"/> 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	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BRADLEY JR, ANTHONY , EUGENE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 7155 BLUESTREAM DR TIPP CITY OH, 45371
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PHONE NO. redacted per ORC 14	BIRTH DATE 08/20/2002	AGE 19	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) BRADLEY, ANTHONY	ADDRESS 7155 BLUESTREAM DR, TIPP CITY, OH, 45371	PHONE NUMBER
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VEH YR 2018	MAKE Nissan	MODEL SENTRA	COLOR GREY	STYLE 4D	STATE OH	LICENSE PLATE NO. JEU2687	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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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. PROGRESSIVE	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) GARRETT, ROSETTA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1228 SHAFTESBURY RD DAYTON OH, 45406
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 12/22/1968	AGE 52	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 Nissan	MODEL Murano	COLOR MAROON	STYLE SW	STATE OH	LICENSE PLATE NO. N498288	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

On 11-17-2021, at around 1658, Unit 1 was traveling west towards N Main St through the Meijer parking lot (9200 N Main St) and when at the N Main St failed to stop within assured cleared distance ahead and collided with Unit 2 which was also westbound and stopped in traffic at N Main St.

RECEIVED CALL	CLEARED	OFFICER'S NAME Ofc. K.T. Gee	BADGE NO. 261	CHECKED BY 160
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