

LOCAL REPORT NO. EN21000001

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000001

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 12		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 11/18/2021	DAY THU	TIME MILITARY 14:42	DATE REPORTED 11/19/2021	DAY REPORTED Fri	TIME REPORTED 14:42

ACCIDENT OCCURRED
1070 S MAIN ST ENGLEWOOD, OH 45322

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input checked="" type="checkbox"/> ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S)
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	<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.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) SMITH, KIIYA, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5532 AUTUMN WOODS DR 12 DAYTON OH, 45426
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PHONE NO. redacted per ORC 14	BIRTH DATE 08/08/1998	AGE 23	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 SAME	PHONE NUMBER
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VEH YR 2000	MAKE Toyota	MODEL Camry	COLOR TAN	STYLE	STATE OH	LICENSE PLATE NO. JLY9042	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 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.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) FALKNOR, MARLIN, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6609 CALRK RD ARCANUM OH, 45304
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 09/13/1965	AGE 56	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 SAME	PHONE NUMBER
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VEH YR 2000	MAKE Toyota	MODEL Camry	COLOR TAN	STYLE	STATE OH	LICENSE PLATE NO. JLY9042	TOWING SERVICE	VEH/PED DIR FROM E To W
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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

UNIT 1 WAS ATTEMPTING TO EXIT THE PRIVATE PARKING LOT AT 1070 S MAIN ST. UNIT 1 REALIZED THAT THEY COULD NOT TURN LEFT FROM THE EXIT. UNIT 1 THEN BACKED UP AND STRUCK UNIT 2 THAT WAS STOPPED BEHIND UNIT 1.

I RAN A LEADS CHECK OF THE R.O. AND DRIVER OF UNIT 1 KIIYA SMITH AND DISCOVERED THAT HER LICENSE WAS SUSPENDED. SMITH WAS CITED FOR DUS AND ORDERED TO APPEAR IN VANDALIA MUNICIPAL COURT ON 11/24/21 AT 0830 HOURS.

RECEIVED CALL 14:42	CLEARED 15:45	OFFICER'S NAME Ofc. J.E. Cox	BADGE NO. 244	CHECKED BY 200
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