

LOCAL REPORT NO. EN21000003

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000003

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 11/20/2021	DAY SAT	TIME MILITARY 12:09	DATE REPORTED 11/20/2021	DAY REPORTED Sat	TIME REPORTED 12:06

ACCIDENT OCCURRED
893 S. MAIN STREET ENGLEWOOD, OH 45322

<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 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		

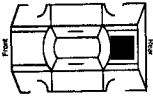
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. PROGRESSIVE	PHONE NUMBER (937) 272-4397
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MILLER, GLENN, H	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5130 PEBBLE BROOK DR ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 06/15/1965	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	PHONE NUMBER
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VEH YR 2018	MAKE Mercedes-Benz	MODEL CLS-Class	COLOR WHITE	STYLE SW	STATE OH	LICENSE PLATE NO. JFT2366	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 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
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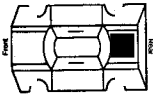
B UNIT NO. 02	NO OF OCCUPANTS 02	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. STATE FARM	PHONE NUMBER (937) 277-1559
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) JOHNSON, JAMES, A	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 123 WALDORF DRIVE DAYTON OH, 45415
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/20/1946	AGE 75	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) JOHNSON, TONYA, C	ADDRESS 123 WALDORF DRIVE, DAYTON, OH, 45415	PHONE NUMBER redacted
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VEH YR 2013	MAKE Chevrolet	MODEL Traverse	COLOR GOLD	STYLE SW	STATE OH	LICENSE PLATE NO. TJANJJ	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 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
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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

UNIT 1, OH JFT2366 (PROGRESSIVE POLICY 906535376) MILLER WAS BACKING OUT WEST FROM PARKING SPOT AND STRUCK UNIT 2, OH TJANJJ (STATE FARM POLICY C075839B0335J) JOHNSON WHO WAS BACKING OUT FROM A PARKING SPOT EAST IN THE PARKING LOT. JOHNSON STATED HE WAS ABOUT TO PUT HIS VEHICLE INTO DRIVE AND WAS STRUCK BY UNIT 1. MINOR DAMAGE ON UNIT 1 PASSENGER SIDE REAR OF VEHICLE. MINOR DAMAGE ON UNIT 2 REAR BUMPER AREA. EXCHANGE OF INFORMATION COMPLETED ON EPD FORM 36.

RECEIVED CALL 12:06	CLEARED 12:56	OFFICER'S NAME Ofc. R.A. Cottrell	BADGE NO. 262	CHECKED BY 160
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