

LOCAL REPORT NO. EN21000004

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
EN21000004

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 checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 11/21/2021	DAY SUN	TIME MILITARY 12:06	DATE REPORTED 11/21/2021	DAY REPORTED Sun	TIME REPORTED 12:06

ACCIDENT OCCURRED  
9200 N MAIN ST ENGLEWOOD, OH 45322

<input checked="" type="checkbox"/> 1 LIGHT	<input checked="" type="checkbox"/> 2 WEATHER	<input checked="" type="checkbox"/> 2 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 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. ALLSTATE	PHONE NUMBER (800) 217-6423
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MYERS, ROBERT	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6201 CHERI LYNNE DR DAYTON OH, 45415
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PHONE NO. redacted per ORC 14	BIRTH DATE 01/25/1958	AGE 63	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) MYERS, SUSAN	ADDRESS 6201 CHERI LYNN DR, DAYTON, OH, 45415	PHONE NUMBER
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VEH YR 2016	MAKE Audi	MODEL A6	COLOR BLACK	STYLE 4D	STATE OH	LICENSE PLATE NO. HWD3551	TOWING SERVICE	VEH/PED DIR FROM To
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CIRCLE DAMAGE AREAS		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.	NO OF OCCUPANTS	OPERATING <input 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)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
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PHONE NO. ( )	BIRTH DATE M   D   Y	AGE	SEX	DRIVERS LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE NUMBER
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VEH YR 0	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM To
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DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

On 11-21-2021, at around 1206, Unit 1 was traveling from east to west through the main thorough of Meijer parking lot(9200 N Main St) of aisle H when a vehicle, believed to be a silver Toyota sedan(OH#HTL4046) struck Unit 1 by cutting across parking spaces from north to south.

The vehicle information provided had a return address in Dayton. Dispatch contacted Dayton police to send an officer to the address to make with the registered owner. Dayton police was not able to make contact with anyone. The vehicle was not at the address.

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