

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 1		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 11/22/2021	DAY MON	TIME MILITARY 8:55	DATE REPORTED 11/24/2021	DAY REPORTED Wed	TIME REPORTED 8:55

ACCIDENT OCCURRED
9285 N MAIN ST DAYTON, OH 45415

<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	<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. HASTINGS MUTUAL	PHONE NUMBER (614) 882-3332
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) GLOYD, WILLIAM, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 20 SKYLINE DR ASHVILLE OH, 43103
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PHONE NO. redacted per ORC 14	BIRTH DATE 04/01/1963	AGE 58	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) DYNAHOE CONSTRUCTION	ADDRESS 584 E MAIN ST, CIRCLEVILLE, OH, 43113	PHONE NUMBER
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VEH YR 2018	MAKE Mack	MODEL GU	COLOR RED	STYLE TK	STATE OH	LICENSE PLATE NO. PKR5847	TOWING SERVICE	VEH/PED DIR FROM W To E
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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 checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input 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

Unit 1 was backing into a construction area to dump product into an area to be paved. When the dump bed was raised, the top of the bed struck the traffic light signal and pole causing damage. Englewood Service Center Superintendent, Tim Studebaker, was called to the scene.

RECEIVED CALL 8:55	CLEARED 9:17	OFFICER'S NAME Ofc. T.R. Thomas	BADGE NO. 197	CHECKED BY 139
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