

LOCAL REPORT NO. EN21000011

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000011

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 11/29/2021	DAY MON	TIME MILITARY 15:48	DATE REPORTED 11/29/2021	DAY REPORTED Mon	TIME REPORTED 15:47

ACCIDENT OCCURRED
1190 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		

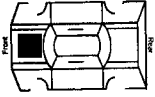
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. STATE FARM	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MOELLER, KEVIN, EARL	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 220 MECCA DR VANDALIA OH, 45377
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PHONE NO. redacted per ORC 14	BIRTH DATE 10/03/1956	AGE 65	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 Kia	MODEL Soul	COLOR BLACK	STYLE SW	STATE OH	LICENSE PLATE NO. GQF9410	TOWING SERVICE	VEH/PED DIR FROM N To S
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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 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. ALLSTATE	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MAXWELL, JUANNA, E	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 16 NORTHWOOD AVE DAYTON OH, 45405
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 03/30/1950	AGE 71	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 1993	MAKE Saturn	MODEL Other/Unknown	COLOR GOLD	STYLE 4D	STATE OH	LICENSE PLATE NO. HBR1171	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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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

UNIT 1, OH GQF9410 (STATE FARM POLICY 3709813-F02-35R) MOELLER WAS PULLING OUT SOUTH FROM PARKING SPOT AND STRUCK UNIT 2, OH HBR1171 (ALLSTATE POLICY 980823438) MAXWELL WHO WAS TRAVELING WEST IN PARKING LOT. MINOR DAMAGE ON UNIT 1 DRIVERS SIDE FRONT BUMPER AREA. DAMAGE ON UNIT 2 PASSENGER SIDE FRONT BUMPER AREA. EXCHANGE OF INFORMATION COMPLETED ON EPD FORM 36.

RECEIVED CALL 15:47	CLEARED 16:25	OFFICER'S NAME Ofc. R.A. Cottrell	BADGE NO. 262	CHECKED BY 210
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