

LOCAL REPORT NO. EN21000028

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000028

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 02		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 12/16/2021	DAY THU	TIME MILITARY 16:54	DATE REPORTED 12/16/2021	DAY REPORTED Thu	TIME REPORTED 16:58

ACCIDENT OCCURRED
885 UNION RD CLAYTON, OH 45315

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input checked="" type="checkbox"/> ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S)
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	<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. ALL STATE	PHONE NUMBER (866) 664-8361
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) JONES, ANGELA, L	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 215 GARDENGROVE WAY ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 06/13/1970	AGE 51	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) MARTIN, BARBARA, LYNN	ADDRESS 807 BROWNING AVE, ENGLEWOOD, OH, 45322	PHONE NUMBER redacted
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VEH YR 2003	MAKE Honda	MODEL Element	COLOR ORANGE	STYLE SW	STATE OH	LICENSE PLATE NO. GVA5793	TOWING SERVICE	VEH/PED DIR FROM E To S
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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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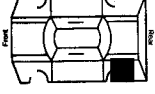
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. GEICO	PHONE NUMBER (866) 949-2320
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BOOSO, LORENDA, JEAN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 650 MARKET ST BROOKVILLE OH, 45309
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 12/28/1965	AGE 55	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 2019	MAKE Chevrolet	MODEL Equinox	COLOR BLACK	STYLE SW	STATE OH	LICENSE PLATE NO. GVA5793	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 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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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

Unit two was traveling south through the lot and stopped at a stop sign. Unit one was traveling west and made a left turn to travel south, and in so doing collided with unit two.

RECEIVED CALL 16:54	CLEARED 17:20	OFFICER'S NAME Ofc. P.J. Wendling	BADGE NO. 243	CHECKED BY 200
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