

LOCAL REPORT NO. EN21000032

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000032

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 12/19/2021	DAY SUN	TIME MILITARY 10:52	DATE REPORTED 12/19/2021	DAY REPORTED Sun	TIME REPORTED 10:52

ACCIDENT OCCURRED
9200 N MAIN ST ENGLEWOOD, 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 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. PROGRESSIVE	PHONE NUMBER (888) 671-4405
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) COLLINS, JEANETTE	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 293 E 214TH ST EUCLID OH, 44123
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PHONE NO. redacted per ORC 14	BIRTH DATE 02/17/1961	AGE 60	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 SAME	PHONE NUMBER
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VEH YR 2018	MAKE Nissan	MODEL Rogue	COLOR DARK C	STYLE SW	STATE OH	LICENSE PLATE NO. JKF2102	TOWING SERVICE	VEH/PED DIR FROM S To N
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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. SAFECO	PHONE NUMBER (800) 332-3226
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MCCULLOUGH, KATHY	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 47 W MCKINLEY ST BROOKVILLE OH, 45309
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 04/30/1952	AGE 69	SEX	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 SAME	PHONE NUMBER
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VEH YR 2013	MAKE Kia	MODEL Soul	COLOR WHITE	STYLE HB	STATE OH	LICENSE PLATE NO. EJK1770	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 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

ON 12/19/2021 AROUND 1052 HOURS, UNIT 1 WAS BACKING FROM A PARKING SPACE AND STRUCK UNIT 2 WHICH WAS WAITING TO TURN INTO A PARKING SPOT.

BOTH UNITS HAD ONLY MINOR DAMAGE AND REQUESTED A CRASH REPORT BE COMPLETED.

RECEIVED CALL 10:52	CLEARED 11:21	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 243
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