

LOCAL REPORT NO. EN21000025

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000025

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 <input type="checkbox"/>		
IN COUNTY OF MONTGOMERY	DATE 12/13/2021	DAY MON	TIME MILITARY 15:31	DATE REPORTED 12/13/2021	DAY REPORTED Mon	TIME REPORTED 15:31

ACCIDENT OCCURRED
7725 HOKE ROAD ENGLEWOOD, OH 45322

<input checked="" type="checkbox"/> LIGHT	<input checked="" type="checkbox"/> WEATHER	<input 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. ALLSTATE	PHONE NUMBER (888) 713-1356
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) DAVIDSON, JINA, L	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 7899 COUNTRY VIEW LN BROOKVILLE OH, 45309
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PHONE NO. redacted per ORC 14	BIRTH DATE 07/07/1963	AGE 58	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 7899 COUNTRY VIEW LN, BROOKVILLE, OH, 45309	PHONE NUMBER redacted
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VEH YR 2012	MAKE Toyota	MODEL Rav4	COLOR TAUPE	STYLE SW	STATE OH	LICENSE PLATE NO. HWD3391	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 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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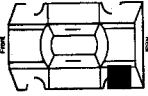
B UNIT NO. 02	NO OF OCCUPANTS 02	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ERIE	PHONE NUMBER (800) 458-0811
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) IKHAREBHA, SAMUEL, O	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 5635 OLIVE TREE DR DAYTON OH, 45426
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 03/19/1947	AGE 74	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 SAME	PHONE NUMBER
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VEH YR 2014	MAKE Acura	MODEL TL	COLOR WHITE	STYLE 4D	STATE OH	LICENSE PLATE NO. REBH1	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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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

UNIT 1, OH HWD3391 (ALLSTATE POLICY 926565497) DAVIDSON WAS BACKING OUT NORTH FROM PARKING SPOT AND UNIT 2 OH REBH1(ERIE POLICY Q067805345) IKHAREBHA WAS BACKING OUT SOUTH FROM PARKING SPOT. BOTH UNIT 1 AND UNIT 2 WERE BACKING OUT AT APPROXIMATELY THE SAME TIME. DRIVER OF UNIT 2 CLAIMED HE WAS OUT OF HIS SPOT BEFORE DRIVER OF UNIT 1. DRIVER OF UNIT 1 STATED UNIT 2 WAS IN HER BLIND SPOT. MINOR DAMAGE ON UNIT 1 PASSENGER SIDE REAR BUMPER AREA. DAMAGE ON UNIT 2 DRIVERS SIDE REAR BUMPER. EXCHANGE OF INFORMATION COMPLETED ON EPD FORM 36.

RECEIVED CALL 15:31	CLEARED 16:09	OFFICER'S NAME Ofc. R.A. Cottrell	BADGE NO. 262	CHECKED BY 243
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