

LOCAL REPORT NO. EN21000035

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
EN21000035

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 12/21/2021	DAY TUE	TIME MILITARY 16:21	DATE REPORTED 12/21/2021	DAY REPORTED Tue	TIME REPORTED 16:21

ACCIDENT OCCURRED  
9000 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. TRAVELERS	PHONE NUMBER (800) 842-5075
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) DEGARMO, JOYCE, ANN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 4756 KENILWOOD AVE DAYTON OH, 45424
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PHONE NO. redacted per ORC 14	BIRTH DATE 12/30/1959	AGE 61	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) SOMMERS, DANIEL	ADDRESS SAME	PHONE NUMBER
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VEHYR 2021	MAKE Toyota	MODEL Camry	COLOR SILVER	STYLE 4D	STATE OH	LICENSE PLATE NO. JKQ9574	TOWING SERVICE	VEH/PED DIR FROM N To S
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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 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 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. LIBERTY	PHONE NUMBER (800) 295-2820
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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) WILDER, NATHAN	ADDRESS 100 W WOODBURY DR, DAYTON, OH, 45415	PHONE NUMBER redacted
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VEHYR 2013	MAKE Cadillac	MODEL Other/Unknown	COLOR GOLD	STYLE 4D	STATE OH	LICENSE PLATE NO. FDN6527	TOWING SERVICE	VEH/PED DIR FROM N To S
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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 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 12/21/2021 AROUND 1621 HOURS, UNIT 1 WAS ATTEMPTING TO PULL INTO A PARKING SPACE AND STRUCK UNIT 2 WHICH WAS PARKED.

MINOR DAMAGE TO BOTH UNITS. BOTH PARTIES WERE PROVIDED AN EPD FORM 36 WITH THE REPORT NUMBER.

RECEIVED CALL 16:21	CLEARED 16:58	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 139
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