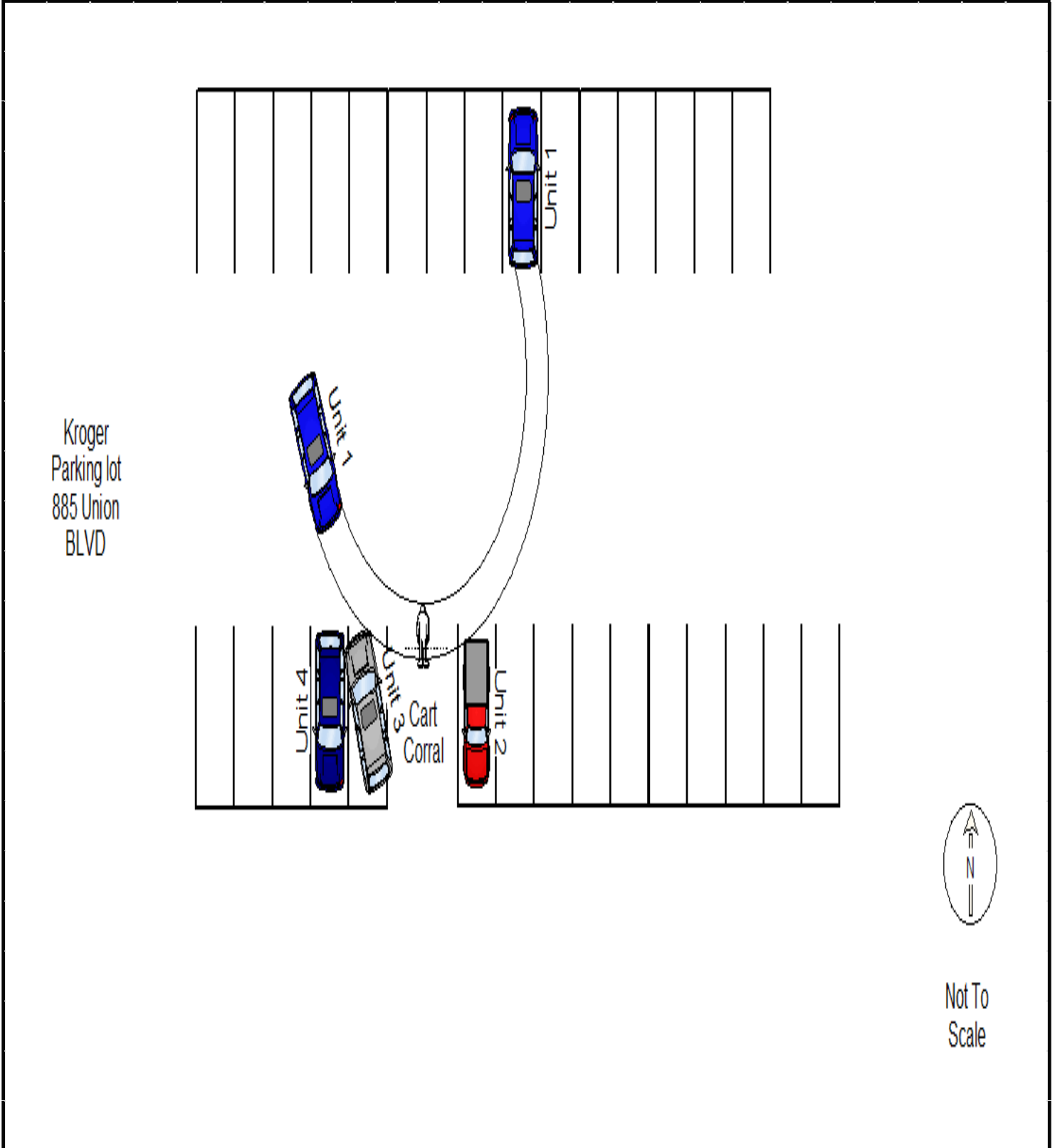




LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y
IN COUNTY OF	CRASH LOCATION	



OFFICER'S SIGNATURE X	BADGE NUMBER
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LOCAL REPORT NO. EN21000029

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000029

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 5		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 12/17/2021	DAY FRI	TIME MILITARY 7:50	DATE REPORTED 12/19/2021	DAY REPORTED Sun	TIME REPORTED 7:43

ACCIDENT OCCURRED
885 UNION BLVD ENGLEWOOD, 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	<input type="checkbox"/> VERBAL <input checked="" 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. CELINA	PHONE NUMBER (419) 586-5181
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) STRINGER, PAULA, C	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 117 PHILLIPSBURG-UNION RD UNION OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 04/18/1948	AGE 73	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 2003	MAKE Chrysler	MODEL PT Cruiser	COLOR BLUE	STYLE SW	STATE OH	LICENSE PLATE NO. JIV9994	TOWING SERVICE OTHER	VEH/PED DIR FROM S 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 type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" 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 type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) RUDMANN, ANTHONY, S	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 3539 B BULL RD YORK PA, 17408
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PHONE NO. ()	BIRTH DATE 05/28/1991	AGE 30	SEX M	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE PA	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 2016	MAKE Chevrolet	MODEL Silverado	COLOR RED	STYLE PU	STATE PA	LICENSE PLATE NO. ZRB7247	TOWING SERVICE RED BARON	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 checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <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 Friday, December 17, 2021 at approximately 0750 hours, Unit 1 was backing out of her marked parking stall. The driver of Unit 1 stated her foot slipped off of the brake and hit the gas pedal causing her to accelerate and strike parked Unit 2. After striking Unit 2, Unit 1's vehicle then struck a Kroger employee, who was standing at the cart corral. Unit 1 then struck parked Unit 3 and pushed it into parked Unit 4 before coming to final rest.

The Kroger employee, was transported to Miami Valley Hospital by Englewood medics for treatment to his injuries.

RECEIVED CALL 7:50	CLEARED 8:45	OFFICER'S NAME Ofc. T.R. Thomas	BADGE NO. 197	CHECKED BY 139
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LOCAL REPORT NO. EN21000029

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000029

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 5		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 12/17/2021	DAY FRI	TIME MILITARY 7:50	DATE REPORTED 12/19/2021	DAY REPORTED Sun	TIME REPORTED 7:43

ACCIDENT OCCURRED
885 UNION BLVD ENGLEWOOD, 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	<input type="checkbox"/> VERBAL <input checked="" type="checkbox"/> WRITTEN

A UNIT NO. 03	NO OF OCCUPANTS 01	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. PROGRESSIVE	PHONE NUMBER (844) 602-4300
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) WALKER, CORRIE, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 14 COVENTRY RD DAYTON OH, 45410
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PHONE NO. redacted per ORC 14	BIRTH DATE 01/01/1986	AGE 35	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 2013	MAKE Kia	MODEL Soul	COLOR GREY	STYLE SW	STATE OH	LICENSE PLATE NO. GUJ5823	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 checked="" type="checkbox"/> MODERATE <input 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. 04	NO OF OCCUPANTS 01	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.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) WITZLEB JR, WILLIAM, J	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 111 SILVERSTONE DR ENGLEWOOD OH, 45322
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 02/27/1943	AGE 78	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 1998	MAKE Chevrolet	MODEL Suburban	COLOR DARK E	STYLE SW	STATE OH	LICENSE PLATE NO. BHZ7154	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 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

(See previous narrative)

RECEIVED CALL 7:50	CLEARED 8:41	OFFICER'S NAME Ofc. T.R. Thomas	BADGE NO. 197	CHECKED BY 139
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LOCAL REPORT NO. EN21000029

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000029

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 5		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 12/17/2021	DAY FRI	TIME MILITARY 7:50	DATE REPORTED 12/19/2021	DAY REPORTED Sun	TIME REPORTED 7:50

ACCIDENT OCCURRED
885 UNION BLVD ENGLEWOOD, 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 type="checkbox"/> VERBAL <input checked="" type="checkbox"/> WRITTEN	

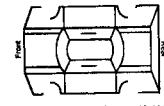
A UNIT NO. 05	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) MCCABE, BRENDAN, P	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 217 N. MAIN ST UNION OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 05/18/1977	AGE 44	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)	ADDRESS	PHONE NUMBER
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VEH YR 0	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM To
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR				
	11 LOAD 12 TRAILER				

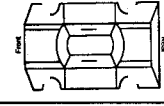
B UNIT NO.	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
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DRIVER PEDESTRIAN 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)	ADDRESS	PHONE NUMBER
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VEH YR 0	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR FROM To
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR				
	11 LOAD 12 TRAILER				

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

(See previous narrative)

RECEIVED CALL	CLEARED	OFFICER'S NAME	BADGE NO.	CHECKED BY 139
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