

LOCAL REPORT NO. EN21-00003

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21-00003

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 1		HIT SKIP <input type="checkbox"/> SOLVED <input checked="" type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 12/22/2021	DAY WED	TIME MILITARY 11:41	DATE REPORTED 12/22/2021	DAY REPORTED Wed	TIME REPORTED 11:41

ACCIDENT OCCURRED
412 N MAIN ST ENGLEWOOD, OH 45322

<input checked="" type="checkbox"/> 5 LIGHT	<input checked="" type="checkbox"/> 1 WEATHER	<input checked="" type="checkbox"/> 1 ROAD CONDITIONS	DRIVER/WITNESS STATEMENT(S)
1 DAY LIGHT 4 DARK NO LIGHTS 1 NO ADVERSE WEATHER 4 FOG 1 DRY 4 ICE	2 DAWN 5 DARK-LIGHTED 2 RAIN 5 HIGH WIND 2 WET 5 DIRT/SAND	3 DUSK 6 OTHER 3 SNOW 6 OTHER 3 SNOW 6 OTHER	<input checked="" type="checkbox"/> VERBAL <input type="checkbox"/> WRITTEN

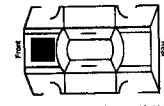
A UNIT NO. 01	NO OF OCCUPANTS	OPERATING <input type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input checked="" type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ()
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) UNKNOWN
ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) /

PHONE NO. ()	BIRTH DATE M D Y	AGE	SEX	DRIVERS LICENSE NUMBER <i>redacted per ORC 4501:1-12</i>	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE NUMBER

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 10 UNDER CAR 11 LOAD 12 TRAILER	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 checked="" 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
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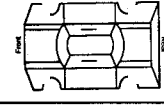
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) /

PHONE NO. ()	BIRTH DATE M D Y	AGE	SEX	DRIVERS LICENSE NUMBER	STATE	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

On December 22, 2021 Unit #1 was heading northbound on SR-48 (N Main St) and when at 412 N. Main St failed to maintain reasonable control, drove off the roadway and collided with the residential mailbox. Unit #1 subsequently fled the scene.

The complainant is:
Jedidiah Washam
412 N. Main St.
Englewood, Ohio 45322
513-379-7410

RECEIVED CALL 11:41	CLEARED 11:45	OFFICER'S NAME Ofc. R.H. Ridgway	BADGE NO. 167	CHECKED BY 160
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