

LOCAL REPORT NO. EN21000043

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN21000043

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 02		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 12/28/2021	DAY TUE	TIME MILITARY 19:45	DATE REPORTED 12/28/2021	DAY REPORTED Tue	TIME REPORTED

ACCIDENT OCCURRED
608 S MAIN ST ENGLEWOOD, OH 45322

<input checked="" type="checkbox"/> 5 LIGHT	<input checked="" type="checkbox"/> 2 WEATHER	<input checked="" type="checkbox"/> 2 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		

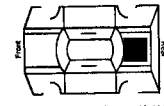
A UNIT NO. 01	NO OF OCCUPANTS 10	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. PROGRESSIVE	PHONE NUMBER ()
---------------	--------------------	---	---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	---------------------------	------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) WEST, JAKIAH, BRANTEN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 102 CHARLES PL UNION OH, 45322
---	--

PHONE NO. redacted per ORC 14	BIRTH DATE 01/09/2005	AGE 16	SEX M	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
-------------------------------	-----------------------	--------	-------	---	----------	------------------------------------

OWNER (IF SAME AS DRIVER, WRITE SAME) RINEHART, DARRA, JEAN	ADDRESS 102 CHARLES PL, UNION, OH, 45322	PHONE NUMBER redacted
--	---	--------------------------

VEHYR 2004	MAKE Pontiac	MODEL Grand Prix	COLOR SILVER	STYLE 4D	STATE OH	LICENSE PLATE NO. JJM8159	TOWING SERVICE	VEH/PED DIR FROM N To S
------------	--------------	------------------	--------------	----------	----------	---------------------------	----------------	-------------------------

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
---	--	--	---	--	--

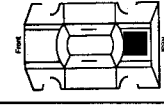
B UNIT NO. 02	NO OF OCCUPANTS 03	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. GEICO	PHONE NUMBER ()
---------------	--------------------	---	---------------------------------	-------------------------------------	----------------------------------	--------------------------------------	---------------------	------------------

DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) BROCK, GEORGIA, N	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 17 MEADOWBROOK CT WEST MILTON OH, 45383
---	---

PHONE NO. red per ORC 149.43(A)	BIRTH DATE 07/19/1969	AGE 52	SEX F	DRIVERS LICENSE NUMBER redacted per ORC 4501:1-12	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
---------------------------------	-----------------------	--------	-------	---	----------	------------------------------------

OWNER (IF SAME AS DRIVER, WRITE SAME) BROCK, GEORGIA, N	ADDRESS 17 MEADOWBROOK CT, WEST MILTON, OH, 45383	PHONE NUMBER redacted
--	--	--------------------------

VEHYR 2020	MAKE Hyundai	MODEL Elantra	COLOR BLACK	STYLE 4D	STATE OH	LICENSE PLATE NO. HZL4804	TOWING SERVICE	VEH/PED DIR FROM W To E
------------	--------------	---------------	-------------	----------	----------	---------------------------	----------------	-------------------------

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
---	--	--	---	--	--

DESCRIBE WHAT HAPPENED
REFER TO UNITS BY NUMBER

On 12-28-2021 at approximately 1945 hours, Unit 1, when backing from a designated parking space in the parking lot of 608 S Main St, Englewood, (Taco Bell), collided with the rear bumper of Unit 2, which was stopped in the drive-thru queue.

Minimal damage resulted to the right rear bumper of Unit 1, and across the rear bumper of Unit 2, to include the removal of the rear license plate.

A front seat passenger of Unit 2, Ryan J Weaver (DOB/07-23-1994), complained of a "sore back" and may seek medical attention.

RECEIVED CALL	CLEARED	OFFICER'S NAME Sgt. C.M. Follick	BADGE NO. 160	CHECKED BY 200
---------------	---------	-------------------------------------	------------------	-------------------