

LOCAL REPORT NO. EN21000041

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
EN21000041

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 12/27/2021	DAY MON	TIME MILITARY 16:30	DATE REPORTED 12/27/2021	DAY REPORTED Mon	TIME REPORTED 16:30

ACCIDENT OCCURRED  
9000 N MAIN ST ENGLEWOOD, OH 45415

<input checked="" type="checkbox"/> 3 LIGHT	<input checked="" type="checkbox"/> 1 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		

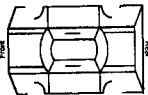
A UNIT NO. 03	NO OF OCCUPANTS 03	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. PROGRESSIVE	PHONE NUMBER (800) 776-4737
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) GALBRAITH, REGINA	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 459 CHRISTOPHER DR DAYTON OH, 45458
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PHONE NO. ( )	BIRTH DATE 03/15/1962	AGE 59	SEX	DRIVERS LICENSE NUMBER <b>redacted per ORC 4501:1-12</b>	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) BARNETT, EARL	ADDRESS 4463 LEWISBURG WESTN, LEWISBURG, OH, 45338	PHONE NUMBER redacted
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VEHYR 2007	MAKE Buick	MODEL Other/Unknown	COLOR RED	STYLE 4D	STATE OH	LICENSE PLATE NO. GNS6414	TOWING SERVICE	VEH/PED DIR FROM S To N
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input checked="" 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 checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
	10 UNDER CAR		11 LOAD	12 TRAILER		

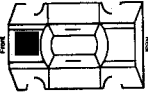
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. STATEFARM	PHONE NUMBER (800) 782-8332
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) CAVIGLIA, CHRISTOPHER	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2670 ONAOTO AVE DAYTON OH, 45414
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE M   D   Y	AGE	SEX	DRIVERS LICENSE NUMBER <b>redacted per ORC 4501:1-12</b>	STATE OH	SOCIAL SECURITY NUMBER XXX-XX-XXXX
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OWNER (IF SAME AS DRIVER, WRITE SAME) CAVIGLIA, CRYSTAL	ADDRESS SAME	PHONE NUMBER
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VEHYR 2019	MAKE Kia	MODEL Other/Unknown	COLOR ORANGE	STYLE 4D	STATE OH	LICENSE PLATE NO. JJL5953	TOWING SERVICE	VEH/PED DIR FROM N To S
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CIRCLE DAMAGE AREAS 	9 TOP	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
	10 UNDER CAR		11 LOAD	12 TRAILER		

DESCRIBE WHAT HAPPENED  
REFER TO UNITS BY NUMBER

ON 12/27/2021 AT 1630 HOURS I RESPONDED TO 9000 N. MAIN STREET IN REFERENCE TO CRASH. UNIT 1 WAS BACKING TO EXIT THE TURNABOUT AREA FAILING TO OBSERVE UNIT 2 WHICH WAS STOPPED BEHIND AND CAUSED THE VEHICLES TO COLLIDE. UNIT 1 LATER STATED THAT UNIT 2 WAS NOT BEHIND WHEN SHE LOOKED BEFORE BACKING.

MINOR DAMAGE TO BOTH VEHICLES. INFORMATION WAS OBTAINED AND THIS CRASH REPORT WAS COMPLETED.

RECEIVED CALL 16:31	CLEARED 17:12	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 139
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