

LOCAL REPORT NO. EN22000010

ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER
EN22000010

REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEHICLES PEDESTRIANS INVOLVED 2		HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF MONTGOMERY	DATE 01/10/2022	DAY MON	TIME MILITARY 18:41	DATE REPORTED 01/13/2022	DAY REPORTED Thu	TIME REPORTED 18:41

ACCIDENT OCCURRED
200 W NATIONAL RD 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) <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		

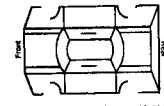
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. STATE FARM	PHONE NUMBER (800) 782-8332
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) WILLIAMS, JACKLYN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 6220 RASBERRY CT CLAYTON OH, 45315
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PHONE NO. redacted per ORC 14	BIRTH DATE 09/22/1954	AGE 67	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 SAME	PHONE NUMBER
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VEH YR 2003	MAKE Chevrolet	MODEL Trailblazer	COLOR GREY	STYLE SW	STATE OH	LICENSE PLATE NO. HWX5720	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 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
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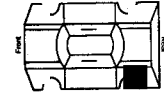
B UNIT NO. 02	NO OF OCCUPANTS 00	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO. ERIE	PHONE NUMBER (800) 458-0811
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DRIVER 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) FLORENCE, JOSEPH	ADDRESS 6930 GLENHILLS DR, ENGLEWOOD, OH, 45322	PHONE NUMBER redacted
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VEH YR 2019	MAKE Chevrolet	MODEL Other/Unknown	COLOR BLACK	STYLE HB	STATE OH	LICENSE PLATE NO. HSQ1248	TOWING SERVICE	VEH/PED DIR FROM E To W
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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 type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" 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 01-10-2022 AROUND 1841 HOURS, UNIT 1 WAS BACKING OUT OF A PARKING AND STRUCK UNIT 2 WHICH WAS PARKED IN A SPOT NEARBY CAUSING MINOR DAMAGE TO UNIT 1.

INFORMATION WAS OBTAINED AND THIS CRASH REPORT WAS COMPLETED.

RECEIVED CALL 18:41	CLEARED 19:07	OFFICER'S NAME Ofc. N.Z. Rosenbauer	BADGE NO. 246	CHECKED BY 167
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