

LOCAL REPORT NO. 21-067342

# ENGLEWOOD POLICE PRIVATE PROPERTY ACCIDENT REPORT

REPORT NUMBER  
21-067342

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 09/04/2021	DAY SAT	TIME MILITARY 23:02	DATE REPORTED 09/05/2021	DAY REPORTED Sun	TIME REPORTED 23:02

ACCIDENT OCCURRED  
9285 N MAIN ST

5 LIGHT	2 WEATHER	2 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	

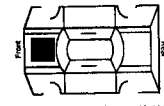
A UNIT NO. 01	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) SULFRIDGE, CHRISTOPHER, JAY	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 317 WOODMONT DR ENGLEWOOD OH, 45322
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PHONE NO. redacted per ORC 14	BIRTH DATE 03/25/1975	AGE 46	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 2005	MAKE Chevrolet	MODEL Silverado	COLOR SILVER	STYLE TK	STATE OH	LICENSE PLATE NO. JJL3217	TOWING SERVICE ENGLEWOOD TRUCK	VEH/PED DIR FROM N To W
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CIRCLE DAMAGE AREAS 	9 TOP	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" 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 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
	10 UNDER CAR		11 LOAD	12 TRAILER			

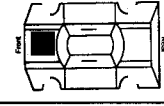
B UNIT NO. 02	NO OF OCCUPANTS 01	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT&RUN <input type="checkbox"/>	NON CONTACT <input type="checkbox"/>	INSURANCE CO.	PHONE NUMBER ( )
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DRIVER PEDESTRIAN NAME (LAST, FIRST, MI) THORNTON, MICHAEL, WARREN	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 123 S EUCLID AVE DAYTON OH, 45402
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PHONE NO. red per ORC 149.43(A)	BIRTH DATE 02/24/1984	AGE 37	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 2006	MAKE GMC	MODEL Yukon	COLOR BLACK	STYLE SW	STATE OH	LICENSE PLATE NO. JJL5695	TOWING SERVICE	VEH/PED DIR FROM W To E
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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"/> 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 9/4/2021 around 2302 hours, Unit 1 was traveling southbound on N Main St and turned west onto the access drive of 9285 N Main St, Englewood, OH 45322, and struck Unit 2 head on.

RECEIVED CALL 23:02	CLEARED 1:19	OFFICER'S NAME Ofc. D.L. Roe	BADGE NO. 264	CHECKED BY 200
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