

REPORT # 16-0295	REPORTING AGENCY CAMBRIDGE P.D.	N.C.I.C. 3001	REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. VEH. INVOLVED 2	CRASH SEVERITY <input type="checkbox"/> Injury <input checked="" type="checkbox"/> PDO
HIT SKIP Solved <input type="checkbox"/> Unsolved <input checked="" type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 01 / 12 / 2016	TIME:MILITARY 1146	
UNIT ERROR 2	PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT</b>			
CRASH OCCURRED ON / AT INTERSECTION <b>320 S. 11<sup>th</sup> St. Cambridge Oh. 43725</b>					

UNIT # <b>1</b>	# OF OCC. <b>0</b>	DRIVERS NAME (LAST, FIRST, MIDDLE)			
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
DATE OF BIRTH / /	DRIVER LICENSE #	STATE	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO. <b>EZA6599</b>
OWNERS NAME <b>LILIENTHAL, ROBERT D.</b>			OWNERS ADDRESS <b>1212 N. 10<sup>TH</sup> ST. CAMBRIDGE OH. 43725</b>		
VEHICLE INFORMATION	YEAR <b>2015</b>	MAKE <b>GMC</b>	MODEL	COLOR <b>GREY</b>	INSURANCE <b>USAA</b>
		TOW SERVICE	OWNER PHONE <b>7407051818</b>		

UNIT # <b>2</b>	# OF OCC.	DRIVERS NAME (LAST, FIRST, MIDDLE)			
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
DATE OF BIRTH / /	DRIVER LICENSE #	STATE	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO.
OWNERS NAME			OWNERS ADDRESS		
VEHICLE INFORMATION	YEAR	MAKE	MODEL <b>TK</b>	COLOR <b>RED</b>	INSURANCE
		TOW SERVICE	OWNER PHONE		

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

**UNIT #2 WAS TRAVELING SOUTHBOUND ON S. 11<sup>TH</sup> ST. AND FAILED TO CONTROL AND WENT OFF THE ROADWAY AND STRUCK UNIT #1 THAT WAS PARKED. UNIT #2 THEN FLED THE SCENE**

RECEIVED CALL <b>1146</b>	DISPATCHED <b>1147</b>	ARRIVED <b>1154</b>	CLEARED <b>1159</b>	OTHER TIME <b>20</b>	TOTAL TIME <b>33</b>	DATE CRASH REPORTED <b>01/12/2016</b>
OFFICERS NAME PTL. R. ANGLER		BADGE # <b>30</b>	CHECKED BY		BADGE #	DATE REPORT FILED <b>01/12/2016</b>

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