

REPORT # 16-969	REPORTING AGENCY CAMBRIDGE P.D.	N.C.I.C. 3001	REPORT <input type="checkbox"/> AT STATION TAKEN <input checked="" type="checkbox"/> AT SCENE	NO. VEH. INVOLVED 02	CRASH SEVERITY <input type="checkbox"/> Injury <input checked="" type="checkbox"/> PDO
HIT SKIP Solved <input type="checkbox"/> Unsolved <input type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 02/12/2016	TIME:MILITARY 15:04	
UNIT ERROR 01	PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT			
CRASH OCCURRED ON / AT INTERSECTION 1541 Deerpath Dr.					

UNIT # 01	# OF OCC. 01	DRIVERS NAME (LAST, FIRST, MIDDLE) Voorhies, Takota			
ADDRESS (STREET, CITY, STATE, ZIP CODE) 68191 Hopewell Rd. Cambridge, OH 43725					
DATE OF BIRTH 12/30/1998	DRIVER LICENSE #UE310410	STATE OH	PHONE (HOME) 740-439-0285	PHONE WORK/CELL	LICENSE PLATE NO. DNR3446
OWNERS NAME Voorhies, Angela D.			OWNERS ADDRESS Same		
VEHICLE INFORMATION	YEAR 2009	MAKE Kia	MODEL SW	COLOR Grey	INSURANCE Metro Ins.
		TOW SERVICE	OWNER PHONE		

UNIT # 02	# OF OCC. 01	DRIVERS NAME (LAST, FIRST, MIDDLE) Kinnan, Robin N.			
ADDRESS (STREET, CITY, STATE, ZIP CODE) 70615 Hopewell Rd. Kimbolton, Oh 43749					
DATE OF BIRTH 10/15/1979	DRIVER LICENSE #RS293229	STATE OH	PHONE (HOME) 740-439-2618	PHONE WORK/CELL	LICENSE PLATE NO. EMU9140
OWNERS NAME Kinnan, Christopher			OWNERS ADDRESS Same		
VEHICLE INFORMATION	YEAR 2013	MAKE Ford	MODEL SW	COLOR Red	INSURANCE State Farm
		TOW SERVICE	OWNER PHONE		

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

Unit #2 was parked. Unit #1 was pulling in a parking space beside unit #2. Unit #1 struck unit #2 in the driver's side rear.

RECEIVED CALL 15:04	DISPATCHED 15:04	ARRIVED 15:06	CLEARED 15:19	OTHER TIME 00:30	TOTAL TIME 00:45	DATE CRASH REPORTED 02/12/2016
OFFICERS NAME Ptl. C. Loudin		BADGE # 61	CHECKED BY		BADGE #	DATE REPORT FILED 02/12/2016

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