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|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------|
| REPORT #<br>16-5257                                                                                       | REPORTING AGENCY<br>CAMBRIDGE P.D.                                                  | N.C.I.C.<br>3001                                             | REPORT <input type="checkbox"/> AT STATION<br>TAKEN <input checked="" type="checkbox"/> AT SCENE | NO. VEH.<br>INVOLVED<br>2 | CRASH<br>SEVERITY<br><input type="checkbox"/> Injury<br><input checked="" type="checkbox"/> PDO |
| HIT SKIP<br>Solved <input type="checkbox"/><br>Unsolved <input type="checkbox"/>                          | IN COUNTY OF<br>GUERNSEY                                                            | IN CITY OF<br>CAMBRIDGE                                      | DATE OF CRASH<br>07 / 31 / 2016                                                                  | TIME:MILITARY<br>0740     |                                                                                                 |
| UNIT ERROR<br>1                                                                                           | PHOTOS TAKEN<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CAMBRIDGE POLICE DEPARTMENT<br>PRIVATE PROPERTY CRASH REPORT |                                                                                                  |                           |                                                                                                 |
| CRASH OCCURRED ON / AT INTERSECTION<br>Burger King parking lot. 2348 E. Wheeling Ave. Cambridge Oh. 43725 |                                                                                     |                                                              |                                                                                                  |                           |                                                                                                 |

|                                                                              |                             |                                                          |                            |                 |                              |
|------------------------------------------------------------------------------|-----------------------------|----------------------------------------------------------|----------------------------|-----------------|------------------------------|
| UNIT #<br>1                                                                  | # OF OCC.<br>1              | DRIVERS NAME (LAST, FIRST, MIDDLE)<br>PHILLIPS, TISHA M. |                            |                 |                              |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)<br>1346 ELM ST A CAMBRIDGE OH. 43725 |                             |                                                          |                            |                 |                              |
| DATE OF BIRTH<br>02/25/1987                                                  | DRIVER LICENSE<br>#SA753778 | STATE<br>OH                                              | PHONE (HOME)<br>7409959204 | PHONE WORK/CELL | LICENSE PLATE NO.<br>EUL3530 |
| OWNERS NAME<br>PHILLIPS TE JA                                                |                             |                                                          | OWNERS ADDRESS<br>SAME     |                 |                              |
| VEHICLE<br>INFORMATION                                                       | YEAR<br>1997                | MAKE<br>FORD                                             | MODEL<br>EXPLORER          | COLOR<br>RED    | INSURANCE<br>NATIONWIDE      |
|                                                                              |                             | TOW SERVICE                                              | OWNER PHONE                |                 |                              |

|                                                                                   |                             |                                                            |                            |                 |                              |
|-----------------------------------------------------------------------------------|-----------------------------|------------------------------------------------------------|----------------------------|-----------------|------------------------------|
| UNIT #<br>2                                                                       | # OF OCC.<br>1              | DRIVERS NAME (LAST, FIRST, MIDDLE)<br>SALTKIELD, CHERYL L. |                            |                 |                              |
| ADDRESS (STREET, CITY, STATE, ZIP CODE)<br>55139 POPLAR AVE. BRIDGEPORT OH. 43912 |                             |                                                            |                            |                 |                              |
| DATE OF BIRTH<br>02/19/1961                                                       | DRIVER LICENSE<br>#RQ413887 | STATE<br>OH                                                | PHONE (HOME)<br>7403381518 | PHONE WORK/CELL | LICENSE PLATE NO.<br>FFQ7330 |
| OWNERS NAME<br>SAME                                                               |                             |                                                            | OWNERS ADDRESS<br>SAME     |                 |                              |
| VEHICLE<br>INFORMATION                                                            | YEAR<br>2010                | MAKE<br>KIA                                                | MODEL<br>FORTE             | COLOR<br>BLUE   | INSURANCE<br>FARMERS         |
|                                                                                   |                             | TOW SERVICE                                                | OWNER PHONE                |                 |                              |

|                                                                                                                                 |
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| DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER<br><br>UNIT #1 BACKED OUT OF PARKING SPACE AND STRUCK UNIT #2 THAT WAS PARKED. |
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|                                |                    |                 |                 |                  |                  |                                   |
|--------------------------------|--------------------|-----------------|-----------------|------------------|------------------|-----------------------------------|
| RECEIVED CALL<br>0732          | DISPATCHED<br>0734 | ARRIVED<br>0748 | CLEARED<br>0748 | OTHER TIME<br>20 | TOTAL TIME<br>34 | DATE CRASH REPORTED<br>07/31/2016 |
| OFFICERS NAME<br>PTL R. ANGLER | BADGE #<br>30      | CHECKED BY      |                 |                  | BADGE #          | DATE REPORT FILED<br>07/31/2016   |
| PAGE 1 OF 1                    |                    |                 |                 |                  |                  |                                   |

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