

REPORT # 16-3417	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 type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 05 / 24 / 2016	TIME:MILITARY 1043	
UNIT ERROR 1	PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT			
CRASH OCCURRED ON / AT INTERSECTION 61600 SOUTHGATE PARKWAY CAMBRIDGE OHIO. PARKING LOT					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) MCDONALD LEE W.				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 641 WHEELING AVE. APT C CAMBRIDGE OH. 43725						
DATE OF BIRTH 10/27/1949	DRIVER LICENSE #RP611064	STATE OH	PHONE (HOME) 7406801919	PHONE WORK/CELL	LICENSE PLATE NO. AD27QZ	STATE OH
OWNERS NAME SAME			OWNERS ADDRESS SAME			
VEHICLE INFORMATION	YEAR 2003	MAKE CHEVY	MODEL S-10	COLOR WHITE	INSURANCE PROGRESSIVE	TOW SERVICE OWNER PHONE

UNIT # 2	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) KRUSE, JOAN L.				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 621 57 TH ST. BYESVILLE OH 43723						
DATE OF BIRTH 08/04/1961	DRIVER LICENSE #RK598405	STATE OH	PHONE (HOME) 7402553627	PHONE WORK/CELL	LICENSE PLATE NO. GPE6881	STATE OH
OWNERS NAME SAME			OWNERS ADDRESS SAME			
VEHICLE INFORMATION	YEAR 1997	MAKE PONT	MODEL BONNEVILLE	COLOR GREEN	INSURANCE ALLSTATE	TOW SERVICE OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

UNIT #1 BACKED OUT OF A PARKING SPACE AND STRUCK UNIT #2 THAT WAS TRAVELING THROUGH THE PARKING LOT.

RECEIVED CALL 1043	DISPATCHED 1043	ARRIVED 1052	CLEARED 1057	OTHER TIME 20	TOTAL TIME 34	DATE CRASH REPORTED 05/24/2016
OFFICERS NAME PTL R. ANGLER		BADGE # 30	CHECKED BY		BADGE #	DATE REPORT FILED 05/24/2016
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