

REPORT # 15-6137	REPORTING AGENCY CAMBRIDGE P.D.	N.C.I.C. 3001	REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO. VEH. INVOLVED 2	CRASH SEVERITY <input type="checkbox"/> Injury <input checked="" type="checkbox"/> PDO
HIT SKIP Solved <input checked="" type="checkbox"/> Unsolved <input type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 8 / 18 / 15	TIME:MILITARY 17:32	
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 Cambridge Family Eyecare parking lot					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) Thomas Tomplait				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 612 S 9 th St Cambridge, Oh. 43725						
DATE OF BIRTH 2/28/1930	DRIVER LICENSE #RL486352	STATE Oh	PHONE (HOME) 740-439-3825	PHONE WORK/CELL	LICENSE PLATE NO. 831YKG	STATE Oh
OWNERS NAME SAME			OWNERS ADDRESS SAME			
VEHICLE INFORMATION	YEAR 2008	MAKE BUICK	MODEL	COLOR RED	INSURANCE State Farm	TOW SERVICE OWNER PHONE

UNIT # 2	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) Carol Oliver				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 436 Huston Hills Dr Cambridge, Oh 43725						
DATE OF BIRTH 10/5/1978	DRIVER LICENSE #RJ969807	STATE Oh	PHONE (HOME) 740-630-3481	PHONE WORK/CELL	LICENSE PLATE NO. OL1V3R	STATE Oh
OWNERS NAME Julius Oliver			OWNERS ADDRESS SAME			
VEHICLE INFORMATION	YEAR 2006	MAKE Pontiac	MODEL	COLOR White	INSURANCE Gieko	TOW SERVICE OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

Unit 1 was backing up in the parking lot at Cambridge Family Eye care, when unit 1 struck unit 2 that was parked. Unit 1 is shown at fault.

RECEIVED CALL 17:32	DISPATCHED 17:32	ARRIVED 17:32	CLEARED 17:55	OTHER TIME 30	TOTAL TIME 51	DATE CRASH REPORTED 8/18/2015
OFFICERS NAME Smith	BADGE # 80	CHECKED BY	BADGE #	DATE REPORT FILED / /		
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