

REPORT # 15-8596	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 11 / 16 / 2015	TIME:MILITARY	
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 Pilot fuel pumps					

UNIT # 01	# OF OCC. 01	DRIVERS NAME (LAST, FIRST, MIDDLE) Olivares, Timothy Aalan					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 213 Lawrence St, Sandusky Oh 44870							
DATE OF BIRTH 05/21/1961	DRIVER LICENSE #RP339318	STATE OH	PHONE (HOME)	PHONE WORK/CELL 419-202-9116	LICENSE PLATE NO. PVQ6350	STATE OH	
OWNERS NAME South Shore Transportation Co Inc			OWNERS ADDRESS 4010 Columbus Ave, Sandusky Oh 44870				
VEHICLE INFORMATION	YEAR 2016	MAKE Volvo	MODEL TK	COLOR	INSURANCE State of Michigan certificate of no fault insurance #ZAPK66012700	TOW SERVICE	OWNER PHONE

UNIT # 02	# OF OCC. 01	DRIVERS NAME (LAST, FIRST, MIDDLE) Harris, Edward, Bryant					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1020 Old Chinquapin Rd, Beulaville NC 28518							
DATE OF BIRTH 10/05/1968	DRIVER LICENSE #2207914	STATE NC	PHONE (HOME)	PHONE WORK/CELL 910-282-7149	LICENSE PLATE NO. 92AS6H	STATE MO	
OWNERS NAME Oix Inc			OWNERS ADDRESS 1601 N Corrington AV, Kansas City MO 64120				
VEHICLE INFORMATION	YEAR 2016	MAKE KW	MODEL TK	COLOR	INSURANCE Acord #L10803	TOW SERVICE	OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER Unit 1 took the corner to sharp at the fuel pumps and his trailer hit Unit 2's trailer in the right, rear corner .
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RECEIVED CALL 16:35	DISPATCHED 16:43	ARRIVED 16:44	CLEARED 17:05	OTHER TIME 00:20	TOTAL TIME 00:30	DATE CRASH REPORTED 11/16/2015
OFFICERS NAME Ptl. D. Gerdau	BADGE # 78	CHECKED BY	BADGE #	DATE REPORT FILED / /		
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