

REPORT # 15-8655	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 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 11/19/15	TIME:MILITARY 10:35	
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 Superior Med Office Parking Lot					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) CHAPPELEAR, THOMAS C					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1240 N 14 TH ST CAMBRIDGE, OH 43725							
DATE OF BIRTH 3/1/1946	DRIVER LICENSE #RU065938	STATE Oh	PHONE (HOME) 740-432-7436	PHONE WORK/CELL	LICENSE PLATE NO. PCY8028	STATE Oh	
OWNERS NAME S.E.O.R.M.C.			OWNERS ADDRESS 1341 CLARK ST CAMBRIDGE, OH 43725				
VEHICLE INFORMATION	YEAR 2001	MAKE FORD	MODEL RANGER	COLOR WHITE	INSURANCE PEKIN INS. CO.	TOW SERVICE	OWNER PHONE 740-439-8000

UNIT # 2	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) LOUDERMILK, CHARLES					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1502 STEWART AVE. CAMBRIDGE, OH 43725							
DATE OF BIRTH 11/21/1937	DRIVER LICENSE #RL899221	STATE Oh	PHONE (HOME) 740-680-2921	PHONE WORK/CELL	LICENSE PLATE NO. GHQ8271	STATE Oh	
OWNERS NAME SAME			OWNERS ADDRESS SAME				
VEHICLE INFORMATION	YEAR 2011	MAKE FORD	MODEL EXPLORER	COLOR MAROON	INSURANCE PEOPLES INS. CO.	TOW SERVICE	OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

UNIT 1 WAS DRIVING OUT OF THE PARKING LOT WHEN IT STRUCK UNIT 2 THAT WAS TRAVELING EASTBOUND ON MAPLE DR. UNIT 1 IS AT FAULT.

RECEIVED CALL 10:35	DISPATCHED 10:35	ARRIVED 10:39	CLEARED 10:57	OTHER TIME 30	TOTAL TIME 52	DATE CRASH REPORTED 11/19/2015
OFFICERS NAME Smith	BADGE # 80	CHECKED BY	BADGE #	DATE REPORT FILED / /		
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