

REPORT # 15-6828	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 type="checkbox"/> PDO
HIT SKIP Solved <input type="checkbox"/> Unsolved <input type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 09 / 11 / 2015	TIME:MILITARY 1404	
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 Parking lot of Library between east and west 8 th st.					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) Monosky, Michael				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 712 Oakland Blvd, Cambridge OH 43725						
DATE OF BIRTH 06/19/1941	DRIVER LICENSE #RN613236	STATE OH	PHONE (HOME) 740-439-1137	PHONE WORK/CELL	LICENSE PLATE NO. FRD9732	STATE OH
OWNERS NAME Same			OWNERS ADDRESS			
VEHICLE INFORMATION	YEAR 2003	MAKE Chev	MODEL 2H	COLOR Black	INSURANCE Grange	TOW SERVICE OWNER PHONE

UNIT # 2	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) Johnson, Amanda				
ADDRESS (STREET, CITY, STATE, ZIP CODE) 303 S 2 nd St, Byesville OH 43723						
DATE OF BIRTH 02/15/1991	DRIVER LICENSE #TG578623	STATE OH	PHONE (HOME) 740-584-6055	PHONE WORK/CELL	LICENSE PLATE NO. FQG4033	STATE OH
OWNERS NAME Same			OWNERS ADDRESS			
VEHICLE INFORMATION	YEAR 2013	MAKE Chev	MODEL 4s	COLOR White	INSURANCE Geico	TOW SERVICE OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER Unit 1 backed out of a parking spot and struck the drivers side of unit 2

RECEIVED CALL 1404	DISPATCHED 1421	ARRIVED 1421	CLEARED 1439	OTHER TIME 20	TOTAL TIME 38	DATE CRASH REPORTED 09/11/2015
OFFICERS NAME Sgt. Wolfe	BADGE # 64	CHECKED BY			BADGE #	DATE REPORT FILED / /
PAGE 1 OF 1						

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