

REPORT # 15-3097	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 1	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 / 10 / 2015	TIME:MILITARY 13:57	
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 313 Dewey Ave Cambridge Oh 43725					

UNIT # 01	# OF OCC. 01	DRIVERS NAME (LAST, FIRST, MIDDLE) Kirkman, Dick R					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 114 Linden Ave Cambridge, Oh 43725							
DATE OF BIRTH 07/26/1939	DRIVER LICENSE # RH902302	STATE OH	PHONE (HOME) 740-439-1267	PHONE WORK/CELL	LICENSE PLATE NO. BY30GF	STATE OH	
OWNERS NAME Same			OWNERS ADDRESS Same				
VEHICLE INFORMATION	YEAR 2006	MAKE Toyt	MODEL Trk	COLOR Red	INSURANCE Motorist Mutual	TOW SERVICE DNA	OWNER PHONE

UNIT #	# OF OCC.	DRIVERS NAME (LAST, FIRST, MIDDLE)					
ADDRESS (STREET, CITY, STATE, ZIP CODE)							
DATE OF BIRTH / /	DRIVER LICENSE #	STATE	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO.	STATE	
OWNERS NAME			OWNERS ADDRESS				
VEHICLE INFORMATION	YEAR	MAKE	MODEL	COLOR	INSURANCE	TOW SERVICE	OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

Unit #1 states that he had a cramp in his leg and accidentally struck a wood post in the front of the building before getting the vehicle stopped.

RECEIVED CALL 13:57	DISPATCHED 13:57	ARRIVED 14:05	CLEARED 14:15	OTHER TIME 30	TOTAL TIME 48	DATE CRASH REPORTED 05/10/2015
OFFICERS NAME Ferguson, T		BADGE # 31	CHECKED BY		BADGE #	DATE REPORT FILED 05/11/2015
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