

Report # 08-3109	Reporting agency CAMBRIDGE P.D.	N.C.I.C. 03001	Report Taken <input checked="" type="checkbox"/> At Station <input checked="" type="checkbox"/> At Scene	No. of Veh. Pedestrians Involved 2	Crash Severity Injury PDO <input checked="" type="checkbox"/>	Photos taken Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Hit Skdp Solved <input type="checkbox"/> Unsolved <input type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 4/14/08	DAY MON	TIME: MILITARY 1652	NO. UNITS 2	UNIT ERROR 1

CRASH OCCURRED ON / AT INTERSECTION  
K-mart Parking lot Section D

**CAMBRIDGE POLICE DEPARTMENT  
PRIVATE PROPERTY CRASH REPORT**

UNIT # 1	# of Occ. 1	DRIVER NAME (LAST, FIRST, MIDDLE) Hayhurst, Carol, E
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ADDRESS (STREET, CITY, STATE, ZIP CODE)  
6097 Clayville Rd, Cambridge, Oh 43725

DATE OF BIRTH 1/29/40	DRIVERS LICENCE NO. RJD14516	STATE OH	HOME PHONE _____	WORK / CELL PHONE _____	LICENSE PLATE NO. ATR-35261	STATE OH
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OWNERS NAME Same	ADDRESS (STREET, CITY, STATE, ZIP CODE)
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VEHICLE INFORMATION	YEAR 95	MAKE Meru	MODEL _____	COLOR BLU	INSURANCE CRAME	TOW SERVICE _____	OWNER PHONE _____
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UNIT # 2	# of Occ. 1	DRIVER NAME (LAST, FIRST, MIDDLE) Booth Scott J
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ADDRESS (STREET, CITY, STATE, ZIP CODE)  
54090 Belmont St, Neffs Oh 43946

DATE OF BIRTH 6/16/71	DRIVERS LICENCE NO. RN025295	STATE OH	HOME PHONE _____	WORK / CELL PHONE _____	LICENSE PLATE NO. DXU-1273	STATE OH
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OWNERS NAME Same	ADDRESS (STREET, CITY, STATE, ZIP CODE)
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VEHICLE INFORMATION	YEAR 00	MAKE Dodge	MODEL _____	COLOR Maroon	INSURANCE Ohio Mutual	TOW SERVICE _____	OWNER PHONE _____
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DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

Unit #1 pulled out of a parking spot and struck unit #2 causing light damage to both vehicles.

RECEIVED CALL 1652	DISPATCHED 1652	ARRIVED 1702	CLEARED 1708	OTHER TIME 20	TOTAL TIME 0310	DATE CRASH REPORTED 4/14/08
OFFICERS NAME Ferguson	BADGE # 031	CHECKED BY	BADGE #	DATE REPORT FILED 4/14/08		

J