

REPORT # 07-9339	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 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 12 / 06 / 2007	TIME:MILITARY 1710	
UNIT ERROR		PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT		
CRASH OCCURRED ON / AT INTERSECTION 61205 southgate pkwy					

UNIT # 1	# OF OCC. 2	DRIVERS NAME (LAST, FIRST, MIDDLE) RYAN,DONALD E.					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1203 BEATTY AVE. CAMBRIDGE,OH 43725							
DATE OF BIRTH 10/02/1928	DRIVER LICENSE #RS291856	STATE OH	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO. N709209	STATE OH	
OWNERS NAME SAA			OWNERS ADDRESS				
VEHICLE INFORMATION	YEAR 2004	MAKE OLDS	MODEL ALERO	COLOR WH	INSURANCE SHAFFER	TOW SERVICE NONE	OWNER PHONE

UNIT # 2	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) WILSON,ROBBY L.					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 154 MAIN ST. POB 5 LORE CITY,OH 43755							
DATE OF BIRTH 10/28/1987	DRIVER LICENSE #SR949470	STATE OH	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO. EEH6346	STATE OH	
OWNERS NAME SAA			OWNERS ADDRESS				
VEHICLE INFORMATION	YEAR 2000	MAKE 4-DR	MODEL	COLOR SIL	INSURANCE NATIONWIDE	TOW SERVICE NONE	OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

UNIT #1 WAS BACKING OUT OF A PARKING SPOT AND FAILED TO SEE UNIT#1 BEHIND HIM AND STRUCK UNIT #2.

RECEIVED CALL 1710	DISPATCHED 1710	ARRIVED 1720	CLEARED 1730	OTHER TIME 10	TOTAL TIME 30 mins	DATE CRASH REPORTED 12/06/2007
OFFICERS NAME PTL. SAM WILLIAMS		BADGE # 32	CHECKED BY		BADGE #	DATE REPORT FILED / /
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