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REPORT # 08-249	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 01 / 10 / 2008	TIME:MILITARY 0246	
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 Pilot Station/ S.R.209- Parking Lot					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) PAYNE, HAROLD V					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 1673 W 100. N. PORTLAND, INDIANA 47371							
DATE OF BIRTH / /	DRIVER LICENSE #1170093686	STATE IND	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO. 330137	STATE IND	
OWNERS NAME TRADEWINDS CORP.			OWNERS ADDRESS 1318 E. 2236 TH ST. ARCADIA, INDIANA				
VEHICLE INFORMATION	YEAR 2005	MAKE FREIGHT	MODEL	COLOR WHITE	INSURANCE TRAVELNORTH 18004894724	TOW SERVICE	OWNER PHONE 18008316097 EXT. 200

UNIT # 2	# 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 TRUCKWAY LEASING COMPANY			OWNERS ADDRESS 1745 DREMAN AVE. CINCINNATI, OHIO 45223				
VEHICLE INFORMATION	YEAR 2004	MAKE VOLVO	MODEL	COLOR	INSURANCE	TOW SERVICE	OWNER PHONE 5139694000

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER

UNIT #1 BACKED INTO A PARKING SPACE ADJ. TO UNIT #2 WHICH WAS PARKED AND STATIONARY. WHILE BACKING, UNIT #1 STRUCK THE DRIVER'S SIDE MIRROR OF UNIT #2 WITH HIS PASSENGER SIDE.

RECEIVED CALL 0240	DISPATCHED 0240	ARRIVED 0246	CLEARED 0255	OTHER TIME	TOTAL TIME 60	DATE CRASH REPORTED 1/10/2008
OFFICERS NAME LT. JOHN K. MILAM		BADGE # 18	CHECKED BY N/A SHIFT SUPERVISOR	BADGE #	DATE REPORT FILED 1/10/2008	
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