

|   |   |  |  |                        |  |
|---|---|--|--|------------------------|--|
| REPORT #<br>08-575  | REPORTING AGENCY<br>CAMBRIDGE P.D.  | N.C.I.C.<br>3001   | REPORT TAKEN <input checked="" type="checkbox"/> AT STATION<br><input type="checkbox"/> AT SCENE | NO. VEH. INVOLVED<br>2 | CRASH SEVERITY<br><input type="checkbox"/> Injury<br><input checked="" type="checkbox"/> PDO |
| HIT SKIP<br>Solved <input type="checkbox"/><br>Unsolved <input checked="" type="checkbox"/>   | IN COUNTY OF<br>GUERNSEY  | IN CITY OF<br>CAMBRIDGE  | DATE OF CRASH<br>01 / 21 / 2008  | TIME:MILITARY<br>1548  |  |
| UNIT ERROR<br>2   | PHOTOS TAKEN<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | <b>CAMBRIDGE POLICE DEPARTMENT<br/>PRIVATE PROPERTY CRASH REPORT</b> |  |                        |  |
| CRASH OCCURRED ON / AT INTERSECTION<br><b>Riesbeck's parking lot 55 S. 23<sup>rd</sup> St</b> |   |  |  |                        |  |

|   |                       |                                    |   |                      |                                |                      |                                    |
|---|-----------------------|------------------------------------|---|----------------------|--------------------------------|----------------------|------------------------------------|
| UNIT #<br><b>1</b>                      | # OF OCC.<br><b>0</b> | DRIVERS NAME (LAST, FIRST, MIDDLE) |   |                      |                                |                      |                                    |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |                       |                                    |   |                      |                                |                      |                                    |
| DATE OF BIRTH<br>/ /                    | DRIVER LICENSE #      | STATE                              | PHONE (HOME)  | PHONE WORK/CELL      | LICENSE PLATE NO.<br>DE53FM    | STATE<br><b>ohio</b> |                                    |
| OWNERS NAME<br><b>Hammond, Jon N.</b>   |                       |                                    | OWNERS ADDRESS<br><b>1501 D Wills Creek Drive Cambridge, Ohio 43725</b> |                      |                                |                      |                                    |
| VEHICLE INFORMATION                     | YEAR<br><b>1993</b>   | MAKE<br><b>Buick</b>               | MODEL<br><b>Century</b>   | COLOR<br><b>Blue</b> | INSURANCE<br><b>State Farm</b> | TOW SERVICE          | OWNER PHONE<br><b>740-439-5999</b> |

|   |                  |   |                |                 |                   |             |             |
|---|------------------|---|----------------|-----------------|-------------------|-------------|-------------|
| UNIT #<br><b>2</b>                      | # OF OCC.        | DRIVERS NAME (LAST, FIRST, MIDDLE)<br><b>Hit-Skip</b> |                |                 |                   |             |             |
| ADDRESS (STREET, CITY, STATE, ZIP CODE) |                  |   |                |                 |                   |             |             |
| DATE OF BIRTH<br>/ /                    | 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 was parked in the parking lot of Riesbeck's when Unit#1 was struck in the passenger side by unknown hit-skip Unit #2. Damage to Unit#1 was to the entire passenger side.**

|                               |                           |                        |                        |  |                        |  |
|-------------------------------|---------------------------|------------------------|------------------------|--|------------------------|--|
| RECEIVED CALL<br><b>1548</b>  | DISPATCHED<br><b>1548</b> | ARRIVED<br><b>1549</b> | CLEARED<br><b>1554</b> | OTHER TIME                             | TOTAL TIME<br><b>6</b> | DATE CRASH REPORTED<br><b>01/21/2008</b> |
| OFFICERS NAME<br>Ptl. D. Long | BADGE #<br><b>60</b>      | CHECKED BY             | BADGE #                | DATE REPORT FILED<br><b>01/21/2008</b> |                        |  |
| <b>PAGE 1 OF 1</b>            |                           |                        |                        |  |                        |  |