

REPORT # 07-8832	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 checked="" type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 11 / 12 / 2007	TIME:MILITARY 1326	
UNIT ERROR 02	PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT			
CRASH OCCURRED ON / AT INTERSECTION Parking lot behind Daily Jeffersonian					

UNIT # 01	# OF OCC. 00	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. DSL-7433	STATE OH.
OWNERS NAME Stillion, William S.			OWNERS ADDRESS 10831 Linwood Dr., Pleasant City, Oh 43722			
VEHICLE INFORMATION	YEAR 2002	MAKE Ford	MODEL Explorer	COLOR Blk.	INSURANCE Grange	TOW SERVICE OWNER PHONE 685-5563

UNIT # 02	# OF OCC.	DRIVERS NAME (LAST, FIRST, MIDDLE) Hit-skip vehicle				
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 was parked in the parking lot at the rear of the Daily Jeffersonian when unit #2, the hit-skip vehicle, struck unit #1 on the left front.

RECEIVED CALL 1326	DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL TIME 40 min.	DATE CRASH REPORTED 11/12/2007
OFFICERS NAME Lt. K. Love <i>Lt. K. Love</i>	BADGE # 27	CHECKED BY _____	BADGE #	DATE REPORT FILED 11/12/2007		
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