

REPORT # 07-9215	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 type="checkbox"/>	IN COUNTY OF GUERNSEY	IN CITY OF CAMBRIDGE	DATE OF CRASH 11/29/07	TIME: MILITARY 7225	
NO. UNITS 1	UNIT ERROR	PHOTOS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CAMBRIDGE POLICE DEPARTMENT PRIVATE PROPERTY CRASH REPORT		
CRASH OCCURRED ON <i>Spate</i> AT INTERSECTION <i>Entrance to Penny's</i>					

UNIT # 1	# OF OCC. 1	DRIVERS NAME (LAST, FIRST, MIDDLE) Reed, Carla R					
ADDRESS (STREET, CITY, STATE, ZIP CODE) <i>57906 Marietta Rd. Byesville, OH</i>							
DATE OF BIRTH 10/2/63	DRIVER LICENSE #RL484808	STATE OH	PHONE (HOME) 685-0449	PHONE WORK/CELL	LICENSE PLATE NO. DSL 7075	STATE OH	
OWNERS NAME SAME			OWNERS ADDRESS				
VEHICLE INFORMATION	YEAR 2003	MAKE Chev.	MODEL Trailblazer	COLOR Grey	INSURANCE A.I.G.	TOW SERVICE N/A	OWNER PHONE

UNIT #	# 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			OWNERS ADDRESS				
VEHICLE INFORMATION	YEAR	MAKE	MODEL	COLOR	INSURANCE	TOW SERVICE	OWNER PHONE

DESCRIBE WHAT HAPPENED: REFER TO UNITS BY NUMBER
 Unit 1 was traveling South on Southgate. A deer crossed the road and struck the drivers side door.

RECEIVED CALL 2228	DISPATCHED 2228	ARRIVED 2230	CLEARED 2240	OTHER TIME 5	TOTAL TIME 15	DATE CRASH REPORTED 11/29/2007
OFFICERS NAME Sgt. Hall	BADGE # 002	CHECKED BY	BADGE #	DATE REPORT FILED 11/29/2007		
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