

REPORT # 07-7211	REPORTING AGENCY CAMBRIDGE P.D.	N.C.I.C. 3001	REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO. VEH. INVOLVED 02	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 09 / 17 / 2007	TIME:MILITARY 21:05	
NO. UNITS 02	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 Rite Aid parking lot					

UNIT # 01	# OF OCC. 01	DRIVERS NAME (LAST, FIRST, MIDDLE) Davis, Crystal D					
ADDRESS (STREET, CITY, STATE, ZIP CODE) 11638 Renaissance View Ct Tampa, FL 33626							
DATE OF BIRTH 03/29/1968	DRIVER LICENSE # D-120-104-68-609-0	STATE FL	PHONE (HOME)	PHONE WORK/CELL	LICENSE PLATE NO. AIJ2600	STATE OH	
OWNERS NAME Geraldine D. Campbell			OWNERS ADDRESS 6443 Bloomfield Rd. Cambridge, OH 43725				
VEHICLE INFORMATION	YEAR 2003	MAKE Buick	MODEL LeSabre	COLOR Taupe	INSURANCE State Farm	TOW SERVICE	OWNER PHONE 740-432-6474

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 struck while parked at Rite Aid Pharmacy.

RECEIVED CALL 21:05	DISPATCHED 21:07	ARRIVED 21:16	CLEARED 21:20	OTHER TIME 15	TOTAL TIME 18	DATE CRASH REPORTED 09/17/2007
OFFICERS NAME Ptl. C Portocarrero		BADGE # 22	CHECKED BY		BADGE #	DATE REPORT FILED 09/17/2007
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