

**Private Property Crash Report**

				Incident #: <b>17-6886</b>	
Date of Crash: <b>2/10/17</b>		Time of Crash: <b>1245</b>		Location of Crash: <b>6643 WESTERN ROW RD</b>	
Date Reported: <b>2/10/17</b>		Dispatch Time: <del>1248</del> <b>1251</b>		Arrival Time: <b>1259</b>	
				Cleared Time: <b>1327</b>	
Driver#: <b>1</b>	PRATHER, AMY L.				Telephone: <b>513-824-0223</b>
Address: <b>29 MIAMIVIEW DR.</b>			City: <b>LOVELAND</b>		State: <b>OH</b>
					Zip: <b>45140</b>
Sex: <b>F</b>	DOB: <b>3/26/78</b>	SSN:	Driver's License Number: <b>RP236101</b>		State: <b>OH</b>
Owner of Car: <b>PRATHER, JOSEPH</b>				Telephone:	
Address: <b>SAME</b>			City:		State:
					Zip:
Make of Car: <b>VOLKSWAGEN</b>	Model: <b>ROUTAN</b>	Year: <b>2011</b>	License #: <b>EHS1354</b>		State: <b>OH</b>
Insurance Company/Agent: <b>ERIE INSURANCE</b>				Phone: <b>513-523-4187</b>	
Driver#: <b>2</b>	SPAHR, KRYSTAL				Telephone: <b>513-582-5337</b>
Address: <b>7409 JEAN DRIVE</b>			City: <b>WEST CHESTER</b>		State: <b>OH</b>
					Zip: <b>45069</b>
Sex: <b>F</b>	DOB: <b>8/3/80</b>	SSN:	Driver's License Number: <b>RT111073</b>		State: <b>OH</b>
Owner of Car: <b>US POSTAL SERVICE</b>				Telephone:	
Address:			City:		State:
					Zip:
Make of Car: <b>POSTAL TRUCK</b>	Model:	Year: <b>1993</b>	License #: <b>3314834</b>		State:
Insurance Company/Agent: <b>SELF INSURED</b>				Phone: <b>513-398-8209</b>	
Description of what happened (to be completed by officer):					
<b>UNIT 1 BEGAN TO MOVE FROM A PARKED POSITION. UNIT 2 PULLED</b>					
<b>INTO PARKING SPOT ON RIGHT OF UNIT 1. UNIT 2 OPERATOR STATED SHE</b>					
<b>WAS STOPPED AND SHIFT LEVER WAS IN PARK AT TIME OF COLLISION. UNIT 1</b>					
<b>OPERATOR STATES UNIT 2 PULLED INTO SPACE QUICKLY. UNIT 1 STRUCK</b>					
<b>UNIT 2, CAUSING DAMAGE TO BOTH.</b>					
Reporting Officer: <b>C. SLONE</b>					Unit No: <b>60</b>