OHIO DEPARTMENT OF PUBLIC SAFETY
SAFETY · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

_____ AT _____
OFFICER'S NAME LOCATION

ADDRESS OF WITNESS	PHONE

SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X	X

HSY 7003 8/13 [760-0820]