

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 07/14

LOCAL REPORT NUMBER: - -	REPORTING AGENCY: PLAIN CITY POLICE DEPARTMENT	DATE OF CRASH: M D Y
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, (print name) _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO: (Officer) _____ AT (location) _____

• DRIVERS ONLY: (fill in information for all passengers in your vehicle on the reverse side of this form)

WHO IS YOUR INSURANCE COMPANY?
WHAT WAS YOUR APPROXIMATE SPEED? MPH
DOES YOUR VEHICLE HAVE AIR BAGS? YES NO IF SO, DID THEY DEPLOY? YES NO
DOES YOUR VEHICLE HAVE AN AIR BAG SWITCH? YES NO IF SO, WAS IT ON? YES NO

• DRIVERS AND PASSENGERS PROVIDING A STATEMENT:

WERE YOU WEARING A SEATBELT? YES NO WHERE WERE YOU SEATED?

• DRIVERS, PASSENGERS AND WITNESSES PROVIDING A STATEMENT:

HOME PHONE NUMBER? () WORK PHONE NUMBER? ()
FULL ADDRESS:
WHAT IS YOUR DATE OF BIRTH? M D Y WHAT IS YOUR CURRENT AGE?

IN YOUR OWN WORDS, EXPLAIN WHAT HAPPENED (include the road & lane you were in and the direction you were traveling):

[] (CHECK IF STATEMENT CONTINUED ON BACK)

WERE YOU INJURED? YES NO IF YES, DESCRIBE YOUR INJURIES:

SIGNATURE OF PERSON PROVIDING STATEMENT:	SIGNATURE OF OFFICER:

