

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

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)	
_____ (OFFICERS NAME)	AT _____ (LOCATION)

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS	OFFICERS SIGNATURE