OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1

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 _____
(OFFICERS NAME) (LOCATION)

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS	OFFICERS SIGNATURE