

**OHIO TRAFFIC CRASH WITNESS STATEMENT**

**OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	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, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO (PRINTED)	
_____ (OFFICERS NAME)	AT _____ (LOCATION)
ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS	OFFICERS SIGNATURE