[Please complete and return this form to the WESTLAKE POLICE DEPARTMENT, Attn: DISPATCH. Changes to the above information can be made by contacting the Westlake Police Dept. 440-871-3311.]

OHIO PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

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

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Address of Witness Phone

Signature of Witness Officer's Signature