



TRAFFIC CRASH EXCHANGE OF IDENTIFICATION & INFORMATION

This form is provided for your convenience to furnish identification to the driver(s) involved in the crash

CFS # 14-37427

Officer SMITH #101

Your Name Kenneth J. Farr (FARR) Birth Date 31 Jan 1943

Address 595 Ashbury Farm Dr City Vandalia

State: OH Zip: 45377 Home Phone: (937) 387 6319

Cell Phone (937) 499-0408 E-mail Address WJFarr@vandalia-oh.com

Drivers License Number Rm 074711 State OH License Plate 397YPI State OH

Year of Vehicle 2013 Make of Vehicle Chev Equinox Model Equinox

Owner of Vehicle (if same as owner - write same) Same

Address Same City/State/Zip _____

Area of Vehicle Damage on your vehicle Driver's side front door

Owner's Insurance Company &/or Agent VSA

Owner's Insurance Company &/or Agent Phone Number (937) 1-800-531-9722

Accident Location Living Word Church Park lot

Date of Accident 7 Feb 2014 Day Wednesday Time 0700 AM/PM

If you are in a traffic accident that causes injuries or more than \$1,000 property damage, you may file a MOTOR VEHICLE CRASH REPORT with the Ohio Bureau of Motor Vehicles. File the MOTOR VEHICLE CRASH REPORT within six months after the accident if both the following apply: (1) There was any personal injury or there was property damage in excess of \$1,000, and (2) the driver or owner of the other vehicle did not have insurance or other financial responsibility coverage at the time of the accident. The Bureau of Motor Vehicles CRASH REPORT is different from the report prepared by law enforcement officials at the scene of the accident.

The MOTOR VEHICLE CRASH REPORT helps the Bureau to determine whether the other driver is insured or otherwise financially responsible and to take action if the driver/owner is not.

You can obtain a MOTOR VEHICLE CRASH REPORT from the police, your insurance agent, or the Safety Responsibility Division of the Ohio Bureau of Motor Vehicles, P.O. Box 16520, Columbus, Ohio 43216-6520.

Vandalia Division of Police
245 James E. Bohanan Drive, Vandalia, OH 45377
(937) 898-5868



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CFS # 14-37427

Officer Smith #106

Your Name Elizabeth Eldridge Birth Date 06/09/1993

Address 214 Valley View Dr. City Dayton

State: Ohio Zip: 45405 Home Phone: (937) 275-2520

Cell Phone (937) 838-8457 E-mail Address lreybell-93@yahoo.com

Drivers License Number TP311379 State OH License Plate 53470C State OH

Year of Vehicle 1998 Make of Vehicle Chevrolet Model Blazer

Owner of Vehicle (if same as owner - write same) Nathan Lee

Address Same City/State/Zip Same

Area of Vehicle Damage on your vehicle None

Owner's Insurance Company &/or Agent State Farm

Owner's Insurance Company &/or Agent Phone Number (937) 335-9600

Accident Location Living Ward Church Vandalia Ohio

Date of Accident 09/03/2014 Day Wednesday Time 7:00 AM/PM

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