



### 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 # 15-29289

Officer ESTEP

Your Name Sasha Wicam Birth Date 10-11-91

Address 6164 E. STATE RT 73 City Waynesville

State: OH Zip: 45068 Home Phone: (937) 691-5472

Cell Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Drivers License Number RUI8850 State OH License Plate FVN 7310 State OH

Year of Vehicle 2006 Make of Vehicle DODGE Model CARAVAN

Owner of Vehicle (if same as owner - write same) SARA E. WICAM

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Area of Vehicle Damage on your vehicle TRAILER BOAT

Owner's Insurance Company &/or Agent NOT ON HAND

Owner's Insurance Company &/or Agent Phone Number ( ) \_\_\_\_\_

Accident Location 530 E. NATIONAL RD VANDALIA, OH 45377

Date of Accident 7-10-15 Day FRIDAY Time 5:45 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



**TRAFFIC CRASH EXCHANGE OF IDENTIFICATION & INFORMATION**

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CFS # 15-29299

Officer ESTEP

Your Name KELLY A SITES Birth Date 11-01-61

Address 305 Scott Ave City VANDALIA

State: OH Zip: 45377 Home Phone: (937) 789-4182

Cell Phone ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Drivers License Number RG658793 State OH License Plate F551953 State OH

Year of Vehicle 2011 Make of Vehicle NISS Model VERSA

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

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Area of Vehicle Damage on your vehicle PASSENGER SIDE REAR

Owner's Insurance Company &/or Agent NOT ON HAND

Owner's Insurance Company &/or Agent Phone Number ( ) \_\_\_\_\_

Accident Location 530 ~~RD~~ E. NATIONAL RD

Date of Accident 7-10-15 Day FRIDAY Time 5:45 AM/PM AM

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