



**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 # K-24331

Officer M. ...

Your Name PAUL E. WONG Birth Date 7-6-46

Address 7701 KENNETH LN City HUBER HEIGHTS

State: OH Zip: 45424 Home Phone: (937) 236 2834

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

Drivers License Number RF426982 State OH License Plate LDJL7501 State OH

Year of Vehicle 1999 Make of Vehicle B.O.A Model CRV

Owner of Vehicle (if same as owner - write same) DAYTON PARTS COMPANY

Address 221 LEO ST City/State/Zip DAYTON OH 45404

Area of Vehicle Damage on your vehicle FRONT CORNER

Owner's Insurance Company &/or Agent STADITION THOMAS RAMPBELL/MOJOLIST

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

Accident Location INTERSECTION AT N. TOWN

Date of Accident 6-5-15 Day FRI Time 1405 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 # K-24331

Officer Mann

Your Name Joseph A. Boyles Birth Date 1-24-94

Address 1100 TAYLWOOD RD City Englewood

State: OH Zip: 45322 Home Phone: (937) 701 8466

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

Drivers License Number TS 022250 State OH License Plate FYV302 State OH

Year of Vehicle 1993 Make of Vehicle FORD Model F150

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

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

Area of Vehicle Damage on your vehicle Right FRONT

Owner's Insurance Company &/or Agent GEICO

Owner's Insurance Company &/or Agent Phone Number (800) 841 3000

Accident Location Donahew N. N. Road

Date of Accident 6-5-15 Day FRI Time 1405 AM/PM

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