



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 # 18-12004

Officer B. Krimm

Your Name Daniel L. Surber Birth Date 11-26-1952

Address 4840 Wenger Rd City Clayton

State: OH Zip: 45315 Home Phone: (937) 836-7607

Cell Phone () E-mail Address

Drivers License Number R6689913 State OH License Plate CIM9644 State OH

Year of Vehicle 2011 Make of Vehicle Toyota Model Tacoma

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

Address City/State/Zip

Area of Vehicle Damage on your vehicle Passenger Side

Owner's Insurance Company &/or Agent All State

Owner's Insurance Company &/or Agent Phone Number (937) 233-0510

Accident Location 780 Northwoods Blvd

Date of Accident 04-02-2018 Day Monday Time 1558 AM/PM 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

