



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 # B-2983
Officer Mannino
Your Name Jordyn Howell Birth Date 4/27/1992
Address 316 West WALNUT Street City Tipp city
State: OHIO Zip: 45371 Home Phone: (740) 456 7850
Cell Phone (740) 456-7850 E-mail Address jordynhowell19@gmail.com
Drivers License Number TK461679 State OH License Plate CWP 4762 State OH
Year of Vehicle 2006 Make of Vehicle Dodge Ram Model truck
Owner of Vehicle (if same as owner - write same) Casey Beck
Address 316 West WALNUT Street City/State/Zip Tipp city OH 45371
Area of Vehicle Damage on your vehicle Bumper
Owner's Insurance Company &/or Agent ALL STATE 800-766-1853
Owner's Insurance Company &/or Agent Phone Number () SHACKLEY-RYAN Agency
Accident Location 720 Northwoods Blvd (1770617)
Date of Accident 1-23-2018 Day Tuesday Time 11:53 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 # 18-2983
Officer Manning
Your Name Kelly Naff Birth Date 1-28-99
Address 1708 Forrer Blvd City Kettering
State: Ohio Zip: 45420 Home Phone: () _____
Cell Phone (937) 607-1167 E-mail Address Naff Kelly L@gmail.com
Drivers License Number US376878 State oh License Plate HEM 3876 State oh
Year of Vehicle 2003 Make of Vehicle CHRY Model limited edition
Owner of Vehicle (if same as owner - write same) Same
Address _____ City/State/Zip _____
Area of Vehicle Damage on your vehicle ~~Kinder parking to~~ left tail light
and dent
Owner's Insurance Company &/or Agent State Farm
Owner's Insurance Company &/or Agent Phone Number (937) 426-9834
Accident Location 780 Northwoods Blvd (Kroger)
Date of Accident 1-18 Day 23 Time 11:00 AM/PM

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