

S11

**Ohio Department of Transportation  
Vehicle / Equipment Accident Statement**

I, \_\_\_\_\_, to the best of my knowledge, give the following statement

in regard to the accident which occurred on: \_\_\_\_\_

(Date)

(Time)

/ /

(Location)

(MP)

(County)

Vehicle license #: \_\_\_\_\_

Equipment #: \_\_\_\_\_

Statement:


( Use back of form for sketch, this is optional )

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Immediate Supervisor Signature Date

(PLEASE USE BLACK INK)