STATEMENT OF WITNESS *(Attach additonal sheets if necessary)*	1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN? A. TIME ___ a.m. ___ p.m.	B. DATE

3. WHERE DID THE ACCIDENT HAPPEN? *(Give street location and city)*

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY

8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY	9. IF TRAFFIC CASE GIVE APPROXIMATE SPEED OF:
	a. GOVERNMENT VEHICLE MPH
	b. OTHER VEHICLE MPH

10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT *(If known)*

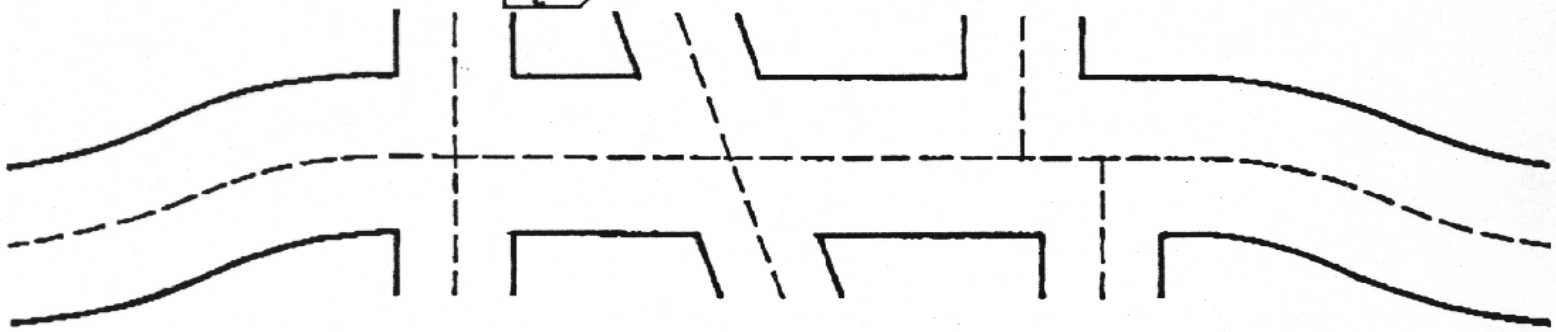
A. NAMES	B. ADDRESSES

WITNESS COM-PLETING THIS FORM	11. HOME ADDRESS *(INCLUDE ZIP CODE)*	12. WITNESS (PRINT OR TYPE NAME)	A. HOME TELEPHONE NO.
		SIGN HERE A	B. TODAY'S DATE

13. BUSINESS ADDRESS *(INCLUDE ZIP CODE)*	TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow (*Example:* → 1 2 ←)
2. Use solid line to show path before accident —— 2
   Broken line after accident - - - - - - 2
3. Show pedestrian by ——→ ○
4. Show railroad by ++++++++++++++++
5. Give names or numbers of streets or highways
6. Indicate north by arrow in this circle ○



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