WITNESS CARD

DATE AND TIME OF ACCIDENT _____

DID YOU SEE THE ACCIDENT? _____

DID ANYONE APPEAR INJURED? _____

WERE YOU A PASSENGER? _____

WHERE WERE YOU AT TIME OF ACCIDENT? _____

HOW DID THE ACCIDENT HAPPEN? _____

_____

_____

YOUR NAME _____

ADDRESS _____

_____ ZIP _____

DAYTIME PHONE NUMBER _____

WHAT WAS YOUR DESTINATION? _____

WHERE DID YOU DEPART FROM? _____

PLEASE COMPLETE THIS CARD AND RETURN IT TO DRIVER - THANK YOU.

USE REVERSE SIDE IF NECESSARY.

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