

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.