

STATEMENT OF WITNESS

(Attach additional sheets if necessary)

OMB Control Number: 3090-0118

Expiration Date: 9/30/2020

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0118. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

1. WITNESS INFORMATION

a. NAME OF WITNESS:

b. HOME ADDRESS (Include ZIP Code)

c. E-MAIL ADDRESS

d. WORK TELEPHONE NUMBER

e. CELLULAR TELEPHONE NUMBER

f. HOME TELEPHONE NUMBER

2. ACCIDENT INFORMATION

a. DID YOU WITNESS THE ACCIDENT? | b. DATE OF ACCIDENT: | c. TIME OF ACCIDENT: a.m. | d. TIME YOU ARRIVED AT SCENE? a.m.
 p.m. | p.m.

3. WHERE DID THE ACCIDENT OCCUR? (Give Street Location, City, and State)

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED.

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

6. DESCRIBE THE APPARENT DAMAGE TO PRIVATE PROPERTY.

7. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY.

8. DESCRIBE ROAD AND CONDITIONS THAT INFLUENCED THE ACCIDENT (e.g. weather, terrain, debris, road work, time of day).

9. DID YOU NOTICE ANYTHING UNUSUAL PRIOR TO OR DURING THE ACCIDENT?

IF YES, PLEASE DESCRIBE WHAT YOU NOTICED AND WHY YOU THINK IT WAS PERTINENT TO THIS ACCIDENT.

NOTES: Include other pertinent information such as: How many drivers/vehicles were involved? Describe the vehicles. How many passengers per vehicle(s)? Were Police, Fire and/or Rescue on the scene? Was a Police Report completed? Were Police, Fire and/or Rescue present before or after you arrived on the scene? Describe the accident (*provide your detailed account*).

12. WITNESS NAME:

13. WITNESS SIGNATURE:

DATE:

TIME: