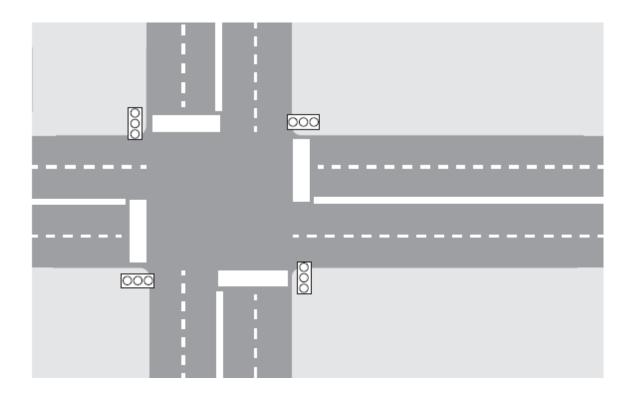
STATEMENT OF WITNESS

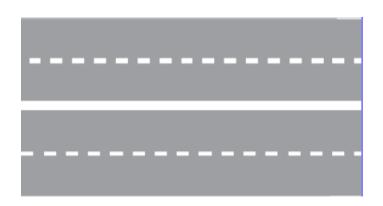
(Attach additional sheets if necessary)

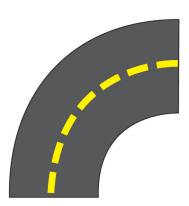
OMB Control Number: 3090-0118 Expiration Date: 9/30/2020

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:	☐ <i>a.m.</i> d.	TIME YOU ARRIVED AT SCENE?	☐ a.m.
			p.m.		p.m.
2. WHERE DID THE ACCIDENT OCCURS (C	Civa Street Leastian City	and Ctata)	ш,		
3. WHERE DID THE ACCIDENT OCCUR? (G	ive Street Location, City,	and State)			
4. TELL IN YOUR OWN WAY HOW THE ACC	CIDENT HAPPENED.				
5. WAS ANYONE INJURED, AND IF SO, EXT	TENT OF IN ILIRY IF KNO	∩WN2			
5. WAS ANTONE INSURED, AND II GO, EX	TENT OF INSORT IF RIVE	SVVIV:			
6. DESCRIBE THE APPARENT DAMAGE TO	PRIVATE PROPERTY.				
7. DESCRIBE THE APPARENT DAMAGE TO) GOVERNMENT PROPE	ERTY.			
8. DESCRIBE ROAD AND CONDITIONS THA	AT INFLUENCED THE AG	CCIDENT (e.g. weather, te	rrain, debris	, road work, time of day).	
9. DID YOU NOTICE ANYTHING UNUSUAL I					
IF YES. PLEASE DESCRIBE WHAT YOU I	NOTICED AND WHY YO	OU THINK IT WAS PERTIN	ENT TO THI	IS ACCIDENT.	







1. Number the vehicles involved as follows:

Government Vehicle (GOV) #1 - Private Vehicle (POV) #2 - Additional Vehicles GOV or POV as #3, etc. and show direction of travel by arrow.

(Example: ----> **1 2**

- 2. Use solid line to show path before accident 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 compass

• • • • • • • • • • • • • • • • • • • •	5,112.	
WITNESS NAME: 3. WITNESS SIGNATURE:	DATE:	TIME:
2. WITNESS NAME:		
Vere Police, Fire and/or Rescue on the scene? Was a Police Report completed? Were Police, Fire scene? Describe the accident (provide your detailed account).		