

WITNESS ACCIDENT REPORT (AUTOMOBILE)

Date of Report: _____ Time _____ M.

Location of Accident _____

Date of Accident _____, 20 _____ Time _____ M.

Did you see the accident? _____ If not, how soon after did you see it? _____

Where were you located? _____

CARS INVOLVED IN ACCIDENT

No. 1	_____	_____	_____	_____
	Make	Direction on what St. or Hwy.	Driver	MPH
No. 2	_____	_____	_____	_____
	Make	Direction on what St. or Hwy.	Driver	MPH
No. 3	_____	_____	_____	_____
	Make	Direction on what St. or Hwy.	Driver	MPH

DESCRIBE ACCIDENT IN DETAIL: (Use charts on back to illustrate)

What traffic violation did you see? _____

Was there any evidence of intoxication? _____ If so, what party? _____

Were any of the drivers careless? _____ Please describe _____

Who in your opinion was at fault? _____

Was anyone injured? _____ Which Vehicle? _____ Injured party's name _____

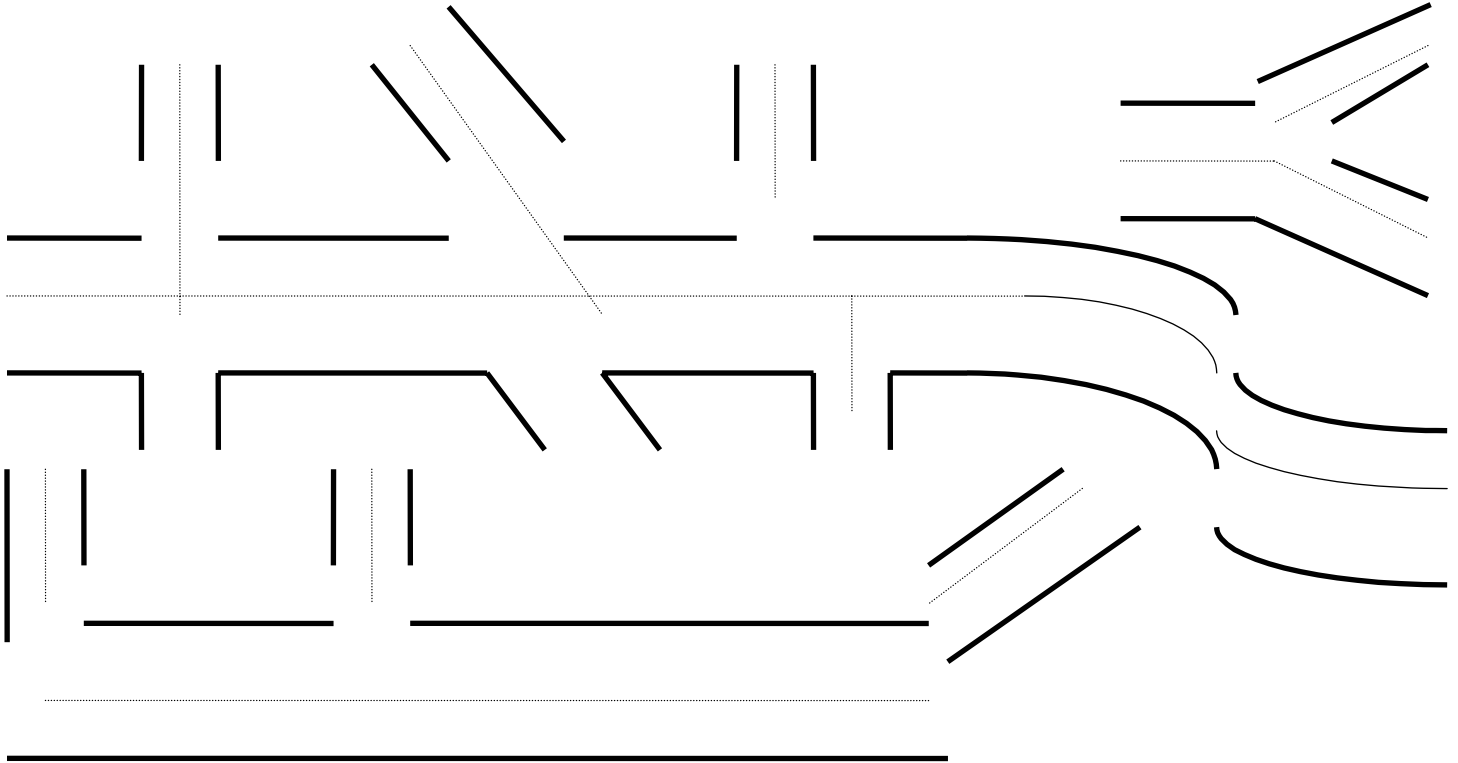
OTHER WITNESSES:

_____	_____	_____	_____
Name	Street Address	City/Town	Phone
_____	_____	_____	_____
Name	Street Address	City/Town	Phone
_____	_____	_____	_____
Name	Street Address	City/Town	Phone

Are you related to any of the above? _____ To whom? _____

DRAW ROUGH DIAGRAM OF ACCIDENT:

Identify each car and direction by numbered arrow, thus: 1. Show each car's position at the moment when crash happened. Show direction and distance each car traveled before the crash by solid line, thus: ----- 2. Show direction and distance traveled after crash by dotted line, thus: 3. Show pedestrian by small circle, thus: o railroads by // // // // // 4. Indicate your position with a star, thus: (*)



SIGNATURE:

Witness Signature

Witness Address

Date