WITNESS ACCIDENT REPORT (AUTOMOBILE)

Date of Report:	Time		M.
Location of Accident			
Date of Accident		Time	M.
Did you see the accident?	If not, how soon after did you see it?		
Where were you located?			
	CARS INVOLVED IN A	CCIDENT	
No. 1			
No. 2	Direction on what St. or Hwy.	Driver	MPH
Make	Direction on what St. or Hwy.	Driver	MPH
No. 3	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 into	oxication?If so, what party?		
Were any of the drivers carele	ss?Please describe		
Who in your opinion was at fa	ult?		
Was anyone injured?	Which Vehicle?	Injured party's name	
	OTHER WITNESS	EES:	
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 a	bove?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
4. Indicate your position with a star, thus: (*)	all circle, thus: railroads by //////
SIGNATURE:	There Address
Witness Signature V	Vitness Address
Date	