

Witness Card:

Your Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Did you see the accident? \_\_\_Yes \_\_\_No

Did anyone appear injured? \_\_\_Yes \_\_\_No

If so briefly describe.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were you a passenger in either car? \_\_\_Yes \_\_\_No

How did the accident happen?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were the authorities notified? \_\_\_Yes \_\_\_No

Please add any additional information that you think would be helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_