CTATE	MENT OF WITNESS	1. DID YOU SEE THE ACCIDENT?		THE ACCID	ENT HAPPENT	FORM APPROVED
	additional sheets if necessary)	NOCIDEN!!	a. TIME	д.т. р.т.	b. DATE	O.M.B. NUMBER 3090-0118
3. WHERE	DID THE ACCIDENT HAPPEN?	(Give street location and city)	<u> </u>		l	
4. TELL I	N YOUR OWN WAY HOW THE A	CCIDENT HAPPENED				
5. WHERE	WERE YOU WHEN THE ACCIDEN	T OCCURRED?				
6. WAS A	MYONE INJURED, AND IF SO, E	XTENT OF INJURY IF KNOW	'N1			
						·
7. DESCR	BE THE APPARENT DAMAGE TO	PRIVATE PROPERTY				
8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY						9. IF TRAFFIC CASE, GIVE APPROXIMATE SPEED OF:
						a. GOVERNMENT VEHICLE
						b. OTHER VEHICLE Mile Per k
a. NAMES			b. ADDRES	SES (Include	ZIP Code)	
	11. HOME ADDRESS (Include Z.	IP Code)	12. WITNES	SS (Print Na	ne)	a. HOME TELEPHONE NO.
WITNESS COM- PLETING THIS FORM			Sign bere			b. TODAY'S DATE
	13. BUSINESS ADDRESS (Includ	de ZIP Cade)				TELEPHONE NO.
1	ATE ON THE DIAGRAM BELOW to a second the second travel (Example:	ter vehicle as 2-additional vehicle by arrow 2	4. Sho 5. Giv	w railroad by e names or n	by	