STATEMENT OF WITNESS

(Attach additional sheets if necessary)

1. DID YOU SEE THE ACCIDENT?	2. WHEN DID THE ACCIDENT HAPPEN?		FORM APPROVED
	a. TIME *a.m.* *p.m.*	b. DATE	O.M.B. NUMBER 3090–0118

3. WHERE DID THE ACCIDENT HAPPEN? *(Give street location and city)*

4. TELL IN YOUR OWN WAY HOW THE ACCIDENT HAPPENED

5. WHERE WERE YOU WHEN THE ACCIDENT OCCURRED?

6. WAS ANYONE INJURED, AND IF SO, EXTENT OF INJURY IF KNOWN?

7. DESCRIBE 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 *Miles per Hr.*

b. OTHER VEHICLE *Miles per hr.*

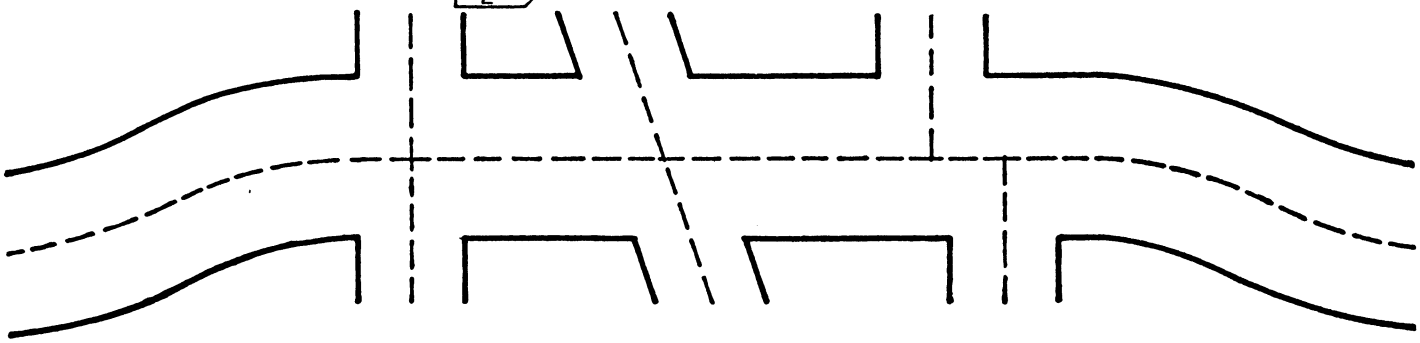
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THE ACCIDENT *(If known)*

a. NAMES	b. ADDRESSES *(Include ZIP Code)*

WITNESS COMPLETING THIS FORM	11. HOME ADDRESS *(Include ZIP Code)*	12. WITNESS (Print Name)	a. HOME TELEPHONE NO.
		Sign here ►	b. TODAY'S DATE
	13. BUSINESS ADDRESS *(Include ZIP Code)*		TELEPHONE NO.

14. INDICATE ON THE DIAGRAM BELOW WHAT HAPPENED:

1. Number Federal vehicle as 1—other vehicle as 2—additional vehicle as 3, and show direction of travel by arrow (*Example:* → 1 2 ←)
2. Use solid line to show path before accident —— 2
   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 circle ○



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94-105

STANDARD FORM 94 (REV. 2–83)
Prescribed by GSA, FPMR 101–39.8

FILE REFERENCE:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An addressed envelope, which requires no postage, is enclosed for your convenience in replying.

Sincerely

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident, and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments or agencies, when relevant to civil, criminal, or regulatory investigations or prosecution.