WITNESS CARD

DATE AND TIME OF ACCIDENT _______________________________________
DID YOU SEE THE ACCIDENT? ______________________________________
DID ANYONE APPEAR INJURED? _____________________________________
WERE YOU A PASSENGER? _________________________________________
WHERE WERE YOU AT TIME OF ACCIDENT? _____________________________
HOW DID THE ACCIDENT HAPPEN? ___________________________________

_______________________________________________________________

YOUR NAME ________________________________
ADDRESS __________________________________________ ZIP ___________
DAYTIME PHONE NUMBER _______________________
WHAT WAS YOUR DESTINATION? _______________________
WHERE DID YOU DEPART FROM? _______________________

PLEASE COMPLETE THIS CARD AND RETURN IT TO DRIVER - THANK YOU.
USE REVERSE SIDE IF NECESSARY.

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