SIAIEME	NI OF WITNESS	1. DID YOU SEE THE	2. WHEN L	JID THE ACCIDI	<u>ENT HAPPEN</u>	N?	_	
Attach additor	nal sheets if necessary)	ACCIDENT?	A. TIME	<u> </u>	B. DATE			
B. WHERE DI	D THE ACCIDENT HAPP	EN? (Give street location and	city)		!			
1. TELL IN YO	DUR OWN WAY HOW TH	E ACCIDENT HAPPENED						
5. WHERE W	ERE YOU WHEN THE AC	CCIDENT OCCURRED?						
6. WAS ANYO	ONE INJURED, AND IF SO	O, EXTENT OF INJURY IF I	KNOWN?					
7. DESCRIBE	THE APPARENT DAMA	GE TO PRIVATE PROPERT	ГҮ					
8. DESCRIBE THE APPARENT DAMAGE TO GOVERNMENT PROPERTY							9. IF TRAFFIC CASE GIVE APPROXIMATE SPEED OF: a. GOVERNMENT VEHICLE	
						b. O	THER VEHICLE	MPH
								01/5 1/0
WITNESS COM- PLETING THIS	11. HOME ADDRESS (INCLUDE ZIP CODE)		12. WITI	12. WITNESS (PRINT OR TYPE NAME) SIGN			A. HOME TELEPHO	ONE NO.
FORM	S ADDRESS (INCLUDE 2	ZIP CODE)	HEREA	.			TELEPHONE NO.	
1. N	3, and show direction of traction of tractions of tractio	other vehicle as 2-additional value by arrow	_	3. Show pedestrian 4. Show railroad b 5. Qive names or s 6. Indicate north 1	numbers of stre	Meta or bighter		
NSN 7540-00-63			\ \ \ \ \	\			STANDARD FORM 94	