CTATE	MENT OF WITNESS	1. DID YOU SEE THE	2. WHEN DID THE ACCIDENT HAPPEN?			FORM APPROVED
	additional sheets if necessary)	ACCIDENT?	a. TIME	a.m.	b. DATE	O.M.B. NUMBER 30900118
. WHERE	E DID THE ACCIDENT HAPPEN?	(Give street location and city)				
. TELL I	IN YOUR OWN WAY HOW THE A	CCIDENT HAPPENED				
. WHERI	E WERE YOU WHEN THE ACCIDENT	OCCURRED?				
5. WAS A	ANYONE INJURED, AND IF SO, E	XTENT OF INJURY IF KNOW	N?			
7. DESCR	RIBE 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 Mile per l
0.005	TUE NAMES AND ADDRESSES OF A	NV OTHER WITHERSES TO TH	E ACCIDENT (III)			b. OTHER VEHICLE Mile per
10. GIVE THE NAMES AND ADDRESSES OF ANY OTHER WITNESSES TO THa. NAMES			b. ADDRESSES (Include ZIP Code)			
	11. HOME ADDRESS (Include Zi	P Code)	12. WITNES	S (Print Nar	ne)	a. HOME TELEPHONE NO.
WITNESS COM- PLETING THIS FORM			Sign here			b. TODAY'S DATE
	13. BUSINESS ADDRESS (Includ	le ZIP Code)	here			TELEPHONE NO.
1	1. Number Federal vehicle as 1—oth as 3, and show direction of travel (Example: 1) 2. Use solid line to show path before Broken line after accident	er vehicle as 2-additional vehicle by arrow 2	4. Sho 5. Give	w railroad by names or n	by	-1-1-1-1