

WITNESS INFORMATION CARD

Please assist by completing this card and returning it to the truck driver.

Name _____

Address _____

City _____

State _____ Zip _____

Phone #Home () _____

#Office () _____

Were you involved in the accident? _____

Did anyone seem to be injured? _____

Did you see the accident? _____

If you saw the accident, please describe: _____

Signature _____

Date _____

PLEASE GIVE THIS CARD BACK TO THE DRIVER

THANK YOU

