

### 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.

ACORD 13 (2/95)

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