WIT	TNESS 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)	@ ACORD CORPORATION 1995