

# Witness Card

Did you see the accident? \_\_\_\_\_

Did anyone appear injured? \_\_\_\_\_

Were you riding in a vehicle involved? \_\_\_\_\_

Which one? \_\_\_\_\_

Who do you think was responsible for the accident? \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE RETURN THIS CARD TO THE DRIVER**

**Thank You!**

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# TARJETA DE TESTIGO

Usted vio el accidente? \_\_\_\_\_  
Fecha \_\_\_\_\_  
Lugar \_\_\_\_\_  
Hubo algun herido? \_\_\_\_\_  
Era usted pasajero en algun vehiculo del accidente? \_\_\_\_\_  
Cual vehiculo? \_\_\_\_\_  
En su opinion, quien tuvo la culpa en el accidente? \_\_\_\_\_  
Su nombre? \_\_\_\_\_  
Direccion? \_\_\_\_\_  
Ciuda, Estado , Codigo postal \_\_\_\_\_  
Telefono (trabajo) \_\_\_\_\_ (casa) \_\_\_\_\_

**Por Favor complete y entregue al conductor – Gracias!**

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