

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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