

## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH		
		M	D	Y

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES					
I,PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO				
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OFFICER'S NAME	_ ATLOCA	TION			
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ADDRESS OF WITNESS	L OFFICER'S SIGNATURE	PHONE			
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE				