## STATEMENT OF WITNESS

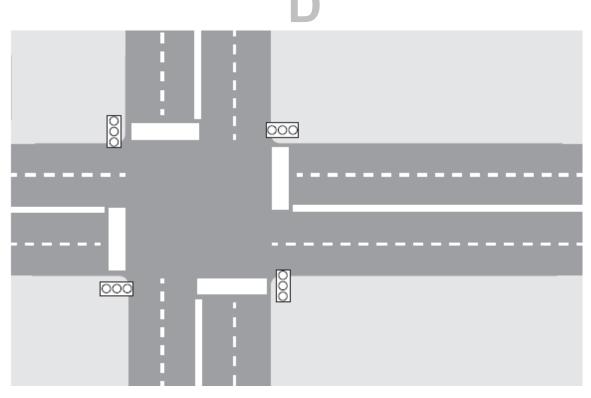
(Attach additional sheets if necessary)

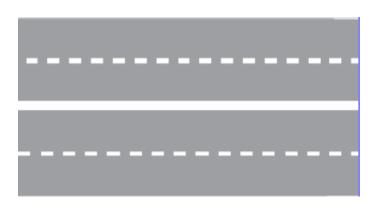
Please read the Privacy Act Statement on Page 3

OMB Control Number: 3090-0118 Expiration Date: 8/31/2020

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 3090-0118. We estimate that it will take 20 minutes to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

1. WITNESS INFORMATION							
a. NAME OF WITNESS:							
b. HOME ADDRESS (Include ZIP Code)							
s. Heme Abbridge (maidad 2m eede)							
c. E-MAIL ADDRESS							
	1						
d. WORK TELEPHONE NUMBER	e. CELLULAR TELEPHONE NUMBER f. HOME TELEPHONE NUMBER						
2. ACCIDENT INFORMATION		1	1				
a. DID YOU WITNESS THE ACCIDENT?	DATE OF ACCIDENT:	c. TIME OF ACCIDENT: [	<i>a.m.</i> d. TIME YOU	ARRIVED AT SCENE?	☐ a.m.		
		]	p.m.		<i>p.m.</i>		
3. WHERE DID THE ACCIDENT OCCUR? (0	Give Street Location, City	and State)	'				
·	•	,					
4. TELL IN YOUR OWN WAY HOW THE AC	.CIDENT HAPPENED						
The second of th	OIDENT TIME TENED.						
		_					
		A					
5. WAS ANYONE INJURED, AND IF SO, EX	TENT OF INJURY IF KNO	OWN?					
o. Who have the involves, have it do, ex	TENT OF HOORY II TAN	OWW.					
6. DESCRIBE THE APPARENT DAMAGE TO	O PRIVATE PROPERTY.						
7. DESCRIBE THE APPARENT DAMAGE TO	O GOVERNMENT PROP	ERTY.					
		_					
8. DESCRIBE ROAD AND CONDITIONS THAT INFLUENCED THE ACCIDENT (e.g. weather, terrain, debris, road work, time of day).							
9. DID YOU NOTICE ANYTHING UNUSUAL				_			
IF YES, PLEASE DESCRIBE WHAT YOU	NOTICED AND WHY YO	OU THINK IT WAS PERTINE	NT TO THIS ACCIDEN	1.			







1. Number the vehicles involved as follows:

Government Vehicle (GOV) #1 - Private Vehicle (POV) #2 - Additional Vehicles GOV or POV as #3, etc. and show direction of travel by arrow.

(Example: ---> **1 2** 

- 2. Use solid line to show path before accident Broken line after accident ----- 2
- 3. Show pedestrian by ----->
- 4. Show railroad by -|-|-|-|-|-|-|-|-|-|-|-
- 5. Give names or numbers of streets or highways
- 6. Indicate north by arrow in this compass

NOTES: Include other pertinent information such as: How many drivers/vehicles Were Police, Fire and/or Rescue on the scene? Was a Police Report completed? scene? Describe the accident (provide your detailed account).			
	2		
	4		
PRIVACY ACT S	eta tement		
The information on this form is subject to the Privacy Act of 1974 to collect the information is set forth at 40 U.S.C. § 491 and 31 U. Government agencies to administer motor vehicle programs, included and Federal fleet vehicles, and collecting accident claims runder contract, will use the information only in the performance of may include disclosures to: appropriate Federal, State, or local agregulatory investigations or prosecutions; the Office of Personnel program evaluation purposes; a Member of Congress or staff in reference; another Federal agency, including the Department of the audicial proceedings; agency Inspectors General in conducting au agencies under contract to Treasury to collect debt), and to other collection.	- United States S.C. § 7701. Training maintaining esulting from a their official digencies or con Management a esponse to a refreasury and their official training esponse to a refreasury and their private instance.	The information is required in the information is required in the information is required in the information	d by Federal nvolving privately lyees, and employees e collected information civil, criminal, or countability Office for the individual of ly or a court under a agencies (including
12. WITNESS NAME:			
3. WITNESS SIGNATURE:	т	DATE:	TIME:
		CTANDADD FORM 04 /5	25V VV/00VV\ <b>B                                  </b>