## STATEMENT OF WITNESS

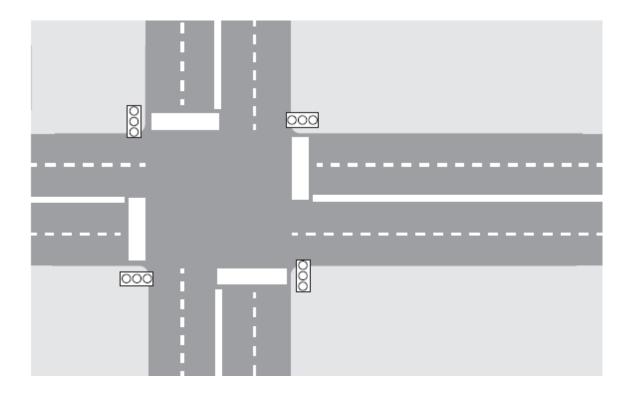
(Attach additional sheets if necessary)

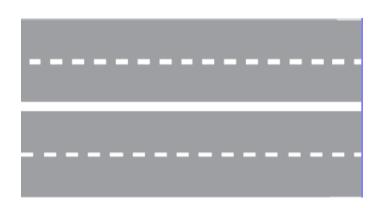
Please read the Privacy Act Statement on Page 3

OMB Control Number: 3090-0118 Expiration Date: 1/31/2027

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 (MVCB), 1800 F Street, NW, Washington, DC 20405.

WITNESS INFORMATION     a. NAME OF WITNESS:					
b. HOME ADDRESS (Include ZIP Code)					
c. E-MAIL ADDRESS					
o. I water obtained					
d. WORK TELEPHONE NUMBER	e. CELLULAR TELEPH	HONE NUMBER		f. HOME TELEPHONE NUMBER	
2. ACCIDENT INFORMATION					
· · · · · · · · · · · · · · · · · · ·	b. DATE OF ACCIDENT:	c. TIME OF ACCIDENT:	☐ <i>a.m.</i> d.	TIME YOU ARRIVED AT SCENE?	☐ a.m.
			p.m.		p.m.
3. WHERE DID THE ACCIDENT OCCUR?	Give Street Location, City,	and State)	'		
4. TELL IN YOUR OWN WAY HOW THE AC	CCIDENT HAPPENED.				
5. WAS ANYONE INJURED, AND IF SO, EX	KTENT OF INJURY IF KNO	OWN?			
6. DESCRIBE THE APPARENT DAMAGE T	O PRIVATE PROPERTY.				
7. DESCRIBE THE APPARENT DAMAGE T	O GOVERNMENT PROPI	ERTY.			
8. DESCRIBE ROAD AND CONDITIONS TH	HAT INFLUENCED THE A	CCIDENT (e.g. weather, te	rrain, debris,	road work, time of day).	
9. DID YOU NOTICE ANYTHING UNUSUAL			ENT TO THI	S ACCIDENT	







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

PRIVACY ACT STATEMENT The information on this form is subject to the Privacy Act of 1974 - United States of collect the information is set forth at 40 U.S.C. § 491 and 31 U.S.C. § 7701. To Bovernment agencies to administer motor vehicle programs, including maintaining owned and Federal fleet vehicles, and collecting accident claims resulting from a under contract, will use the information only in the performance of their official during include disclosures to: appropriate Federal, State, or local agencies or confegulatory investigations or prosecutions; the Office of Personnel Management approgram evaluation purposes; a Member of Congress or staff in response to a rejector; another Federal agency, including the Department of the Treasury and the udicial proceedings; agency Inspectors General in conducting audits; private instagencies under contract to Treasury to collect debt), and to other agency finance collection.  2. WITNESS NAME:	The information is require ing records on accidents accidents. Federal emploities. Routine uses of the tractors when relevant to and the Government Acceptuest for assistance by the Department of Justice trance and the collection	ed by Federal involving privately oyees, and employees to collected information o civil, criminal, or countability Office for the individual of e, or a court under on agencies (including
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scene? Describe the accident (provide your detailed account).		