

## TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH		
		м	D	Υ

## FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO		
	ΔΤ		
OFFICER'S NAME	AT	LOCATION	
	- Address of the second of the		
ADDRESS OF WITNESS	***	PHONE	
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE		