



# TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M   D   Y
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO PRINTED _____ AT _____		
OFFICER'S NAME	LOCATION	
ADDRESS OF WITNESS	PHONE	
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X	