

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

SAMPLE