

WITNESS CARD

DID YOU SEE THE ACCIDENT?	WHERE WERE YOU LOCATED AT THE TIME?	WAS ANYONE INJURED?
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NAMES OF INJURED PERSONS	NAMES OF ANY OTHER WITNESS AND ADDRESS
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DESCRIBE HOW THE ACCIDENT HAPPENED

YOUR NAME AND ADDRESS

DATE	HOME PHONE	OFFICE PHONE	OUR PHONE 215-2175
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PLEASE RETURN THIS CARD TO THE KNOX COUNTY SAFETY DEPT.
ROOM 351 - CITY-COUNTY BLDG. - KNOXVILLE, TN 37902

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