

# D e m o n s t r a t i o n

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Re: Our Client(s):\*  
Date of Accident:\*  
Time of Accident:\*  
Location:\*

Dear \*:

Our file indicates that you might have witnessed an automobile accident which occurred on the date, time and location indicated above.

It would be greatly appreciated if you would complete the following information and return it to us in the enclosed stamped, self-addressed envelope as soon as possible.

1. State Your Name:

\_\_\_\_\_

2. Residence address:

\_\_\_\_\_

3. Telephone No.: Home: \_\_\_\_\_  
Work: \_\_\_\_\_

4. Specifically, where were you located at the time of the collision?

\_\_\_\_\_  
—

5. If you were in a vehicle, please state the following:

(a) Street on which you were traveling: \_\_\_\_\_  
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(b) Direction you were traveling: \_\_\_\_\_

(c) Which lane were you on prior to collision? \_\_\_\_\_

(d) Were you driving? If not, where were you seated?

\_\_\_\_\_

(e) How many lanes of travel in your direction? \_\_\_\_\_

\*[Witness Name]  
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