	WITNESS' CRASH STATEMENT CHICAGO POLICE DEPARTMENT		DATE OF S	STATEMENT		RD NO.		
WITNESSES BY/PRESENT - NAME ADDRESS HOME TELEPHONE NO. WHAT IS YOUR AGE? ARE YOU MARRIED OR SINGLE? WHAT IS YOUR OCCUPATION? WHAT IS YOUR BUSINESS PHONE? DO YOU DRIVE AN AUTOMOBLE? IF SO HOW LONG HAVE YOU BEEN EMPLOYED THERE? WHAT IS YOUR BUSINESS PHONE? DO YOU DRIVE AN AUTOMOBLE? IF SO HOW LONG HAVE YOU BEEN DRIVING? YOU ARE NOW BEING QUESTIONED IN CONNECTION WITH THE ACCIDENT RESULTING IN THE	STATEMENT OF -NAME		ADDRESS			HOME TELEPHONE NO.		
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IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL CONCERNING THIS ACCIDENT?											
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WITNESS'(ES') SIGNATURE	DRIVER'S SIGNATURE		
	DATE SIGNED	TIME SIGNED	