

**SALEM-KEIZER SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
ACCIDENT WITNESS CARD**

Your cooperation in filling out this card and returning it to the bus driver will enable us to handle this matter in fairness to all parties concerned.

Accident At _____

Date _____ Time _____ AM PM

Did you see the accident happen? YES NO

Did you see anyone injured? YES NO

Were you riding in a vehicle involved in the accident? YES NO

Name _____

Address _____

City _____ State _____ Zip _____

Hm Phone _____ Cell Phone _____ Wk Phone _____

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