



INCIDENT FILE NUMBER:

This office has been notified that you witnessed an accident which occurred

It will be helpful if you will answer, as fully as possible, the questions on the other side of this letter. Please read the Privacy Act Statement below.

Your courtesy in complying with this request will be appreciated. An address envelope is enclosed for your convenience in replying.

Sincerely

DRAFT

Enclosure

Use by the public is voluntary. In compliance with the Privacy Act 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of an accident. The purposes for which the information is intended to be used are to provide necessary data for use in analyzing accident causes and developing methods of reducing accidents. Use of the information ***may not be used*** by Federal, State or local governments or agencies, when relevant to civil, criminal or regulatory investigations or prosecution.