

LAM-GAT EYEWITNESS FORM for START of RIDE

Date: _____ Local Time: _____ AM/PM

License Number: _____ Odometer Reading: _____ KM

Make: _____ Model: _____

Rider Name: _____

Address: _____

Phone: _____

This location is: _____

Witness (Please Print)

Witness Name: _____

Address: _____

Phone: _____

Signature: _____

LAM-GAT EYEWITNESS FORM for END of RIDE

Date: _____ Local Time: _____ AM/PM

License Number: _____ Odometer Reading: _____ KM

Make: _____ Model: _____

Rider Name: _____

Address: _____

Phone: _____

This location is: _____

Witness (Please Print)

Witness Name: _____

Address: _____

Phone: _____

Signature: _____