



Event Start/Ending Location:

**7-Eleven  
45100 N Gratiot Ave  
Macomb, MI 48042**

**2005 Regional SS1000 Witness Form  
Clinton Township, Michigan**

This witness form is for: \_\_\_\_\_  
(Riders Name and address) \_\_\_\_\_  
\_\_\_\_\_

License Number: \_\_\_\_\_ License State: \_\_\_\_\_

Bike Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

**Information for Start of Ride**

Date: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Time: \_\_\_\_\_ A.M. P.M. Time Zone: \_\_\_\_\_

**Starting Witness Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Information for End of Ride**

Date: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Time: \_\_\_\_\_ A.M. P.M. Time Zone: \_\_\_\_\_

**Ending Witness Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



## 2005 Regional SS1000 Witness Form

Clinton Township, Michigan

(Document all gas stops and any other stops longer than 20 minutes)

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(Fill in Name and Address above)

| #  | Date | Time (Zone) | Location | Odometer Reading | GPS Reading |
|----|------|-------------|----------|------------------|-------------|
| 1  |      |             |          |                  |             |
| 2  |      |             |          |                  |             |
| 3  |      |             |          |                  |             |
| 4  |      |             |          |                  |             |
| 5  |      |             |          |                  |             |
| 6  |      |             |          |                  |             |
| 7  |      |             |          |                  |             |
| 8  |      |             |          |                  |             |
| 9  |      |             |          |                  |             |
| 10 |      |             |          |                  |             |
| 11 |      |             |          |                  |             |
| 12 |      |             |          |                  |             |
| 13 |      |             |          |                  |             |
| 14 |      |             |          |                  |             |
| 15 |      |             |          |                  |             |
| 16 |      |             |          |                  |             |
| 17 |      |             |          |                  |             |



## 2005 Regional SS1000 Witness Form

Clinton Township, Michigan

(Document all gas stops and any other stops longer than 20 minutes)

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(Fill in Name and Address above)

| #  | Date | Time (Zone) | Location | Odometer Reading | GPS Reading |
|----|------|-------------|----------|------------------|-------------|
| 18 |      |             |          |                  |             |
| 19 |      |             |          |                  |             |
| 20 |      |             |          |                  |             |
| 21 |      |             |          |                  |             |
| 22 |      |             |          |                  |             |
| 23 |      |             |          |                  |             |
| 24 |      |             |          |                  |             |
| 25 |      |             |          |                  |             |
| 26 |      |             |          |                  |             |
| 27 |      |             |          |                  |             |
| 28 |      |             |          |                  |             |
| 29 |      |             |          |                  |             |
| 30 |      |             |          |                  |             |
| 31 |      |             |          |                  |             |
| 32 |      |             |          |                  |             |
| 33 |      |             |          |                  |             |
| 34 |      |             |          |                  |             |