



Event Start/Ending Location:

**Flying J Travel Center  
5300 South State Rd 3  
Spiceland, IN 47385**

**2005 Regional SS1000 Witness Form  
New Castle, Indiana**

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

New Castle, Indiana

(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					



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(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					