



Event Start/Ending Location:

**Jim's Truck Plaza
2115 Walden Avenue,
Buffalo, NY**

2009 Regional SS1000 Witness Form

September 26, 2009

Primary Route

This witness form is for: _____

(Riders Name 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: _____



2009 Regional SS1000 Witness Form

Buffalo, NY

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

(Fill in Name and Address above)

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



2009 Regional SS1000 Witness Form

Buffalo, NY

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

(Fill in Name and Address above)

#	Date	Time-In (Zone)	Time-out (Zone)	Location	Odometer Reading
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					