

WITNESS STATEMENT
FILE #

Your name (please print): _____

Home Address: _____

Phone #: _____

Business Address: _____

Business Phone: _____

Date of Accident: _____ Approximate time: _____

Where did accident happen?: _____

Where were you when accident happened?: _____

Did you see it? _____ If not, how soon after did you arrive? _____

Describe how the accident occurred: _____

Was anyone injured? _____ Who? _____

Give names and addresses of other witnesses: _____

Did you hear anyone admit fault? _____ Who? _____

**PLEASE SIGN BELOW AND DATE STATEMENT
(ALSO, IF AUTOMOBILE ACCIDENT,
PLEASE COMPLETE THE QUESTIONS LISTED BELOW)**

Describe each car, name the driver, and state the direction each was going: _____

Did you see each car before the impact occurred? _____ If so, what is your estimate

speed of each? _____

If intersection accident, which entered first? _____

Was horn blown or signal given? _____ Which? _____

By which driver? _____

Where did each vehicle stop after accident? _____

What part (front, rear, etc.) of each car was damaged? _____

Name: _____ (sign here) Date: _____