

WITNESS STATEMENT

DATE OF ACCIDENT: _____ TIME OF INCIDENT: _____

WHERE DID INCIDENT HAPPEN?

DID YOU SEE IT? _____

IF NOT, HOW SOON AFTER DID YOU?

WHERE WERE YOU WHEN THE INCIDENT OCCURRED?

DESCRIBE WHAT YOU SAW:

PROVIDE NAME AND ADDRESS OF OTHER WITNESSES:

IN YOUR OPINION, WHO WAS AT FAULT? _____ WHY?

DATED: _____

SIGNATURE: _____

HOME ADDRESS: _____

BUSINESS ADDRESS: _____

HOME TELEPHONE: _____

BUSINESS TELEPHONE: _____