Witness Statement Form

Client: _____   Claim #:_____

Did you see the accident? _____

Where were you when you saw it? _____

If a passenger, in whose care were you? _____

In which seat were you? (ie: Front right, etc.): _____ Was your seat belt on? :_____

Did you have a clear view? : _____ How was the visibility? : _____

Condition of road: _____ Weather conditions? : _____

If after dark, were all vehicles lighted? : _____

Did you hear anyone admit fault? : _____ Who? : _____

Which person do you believe was at fault and why? : _____

_____

Did the police investigate? : _____ Which department? : _____

Any tickets given? : _____ To whom? _____

Describe any damaged property? : _____

Do you know any of the drivers involved in the accident? : _____

If so, who and to what degree? _____

Describe the vehicles involved (make, model, color, tag #): _____

_____

Give any information you have about the drivers: _____

_____

Were there any signs of any driver being under the influence of alcohol or drugs? _____

If so, please explain: _____

Were you hurt? _____ If so, what are your injuries? : _____

Was any one else hurt? (Please give names, addresses, approximate ages, and injuries)

_____ Where seatbelts in use? : _____
Name   Address   Injury   Age

_____ Where seatbelts in use? : _____
Name   Address   Injury   Age

_____ Where seatbelts in use? : _____

Name   Address   Injury   Age
                                             (Please complete the next page)
_____ Where seatbelts in use? : _____
Name   Address   Injury   Age
_____ Where seatbelts in use? : _____
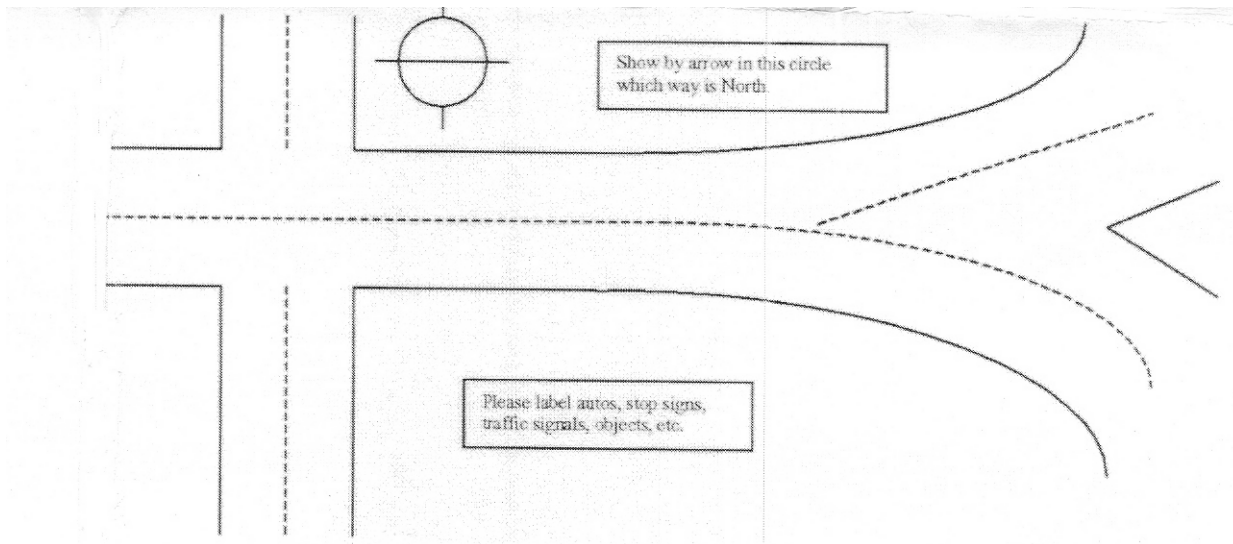Name   Address   Injury   Age

Name , addresses, and approximate ages of additional witnesses:

_____
Name   Address   Age

_____
Name   Address   Age

_____
Name   Address   Age

Describe what happened (Include comments on the speed of each vehicle):

_____

_____

_____

_____

_____

Show by arrow in this circle which way is North.

Please label autos, stop signs, traffic signals, objects, etc.

Name (Please Print): _____

Address:_____

Phone Number: _____ Business Phone: _____ Age :_____

Signature: _____ Date: _____