

## WITNESS STATEMENT RE: AUTOMOBILE ACCIDENT

**Date of Accident:** [date]  
**Location of Accident:** [location]  
**Time of Accident:** [time]

Full name of witness		
Residence address:		
Home phone number:		Work phone number:
Where were you located at the time of the accident?		
Were you in a vehicle at the time of the accident? If Yes, please indicate the street on which you were traveling, which lane you were in and the direction you were going.		
Were you driving the vehicle? If not, where were you seated?		
How many lanes of traffic separated you from the accident in question?		
Did you have a clear unobstructed view of the accident?		
To the best of your ability and recollection, describe the following details:		
(a) the vehicles involved (colors, makes, models)		
(b) the drivers involved (sex, approximate ages, etc)		

**THIS IS A 4-PAGE FORM.**