

Claim No. \_\_\_\_\_

## WITNESS STATEMENT

Your Name (please print) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of Accident \_\_\_\_\_ About what time? \_\_\_\_\_ AM  
PM

Where did accident happen? \_\_\_\_\_

Where were you when accident occurred? \_\_\_\_\_

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

Did police investigate? \_\_\_\_\_ Name of Police Department \_\_\_\_\_

Describe how the accident occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was anyone injured? \_\_\_\_\_ Who? \_\_\_\_\_

Give names and addresses of other witnesses: \_\_\_\_\_

Did you hear anyone admit fault? \_\_\_\_\_ Who? \_\_\_\_\_

In your opinion, who was to blame? \_\_\_\_\_ Why? \_\_\_\_\_

\_\_\_\_\_

**PLEASE SIGN BELOW AND DATE STATEMENT**

Also, if automobile accident, please complete the questions listed below.

Describe each car, name the driver and state direction each was going \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you see each car before impact occurred? \_\_\_\_\_ If so, what is your estimate of speed of each? \_\_\_\_\_

If intersection accident, which car entered first? \_\_\_\_\_

Was horn blown or signal given? \_\_\_\_\_ Which? \_\_\_\_\_

By which driver? \_\_\_\_\_

Where did each vehicle stop after accident? \_\_\_\_\_

What part (front, rear) of each car was damaged? \_\_\_\_\_

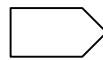
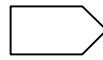
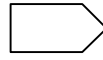
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Name \_\_\_\_\_ Date \_\_\_\_\_

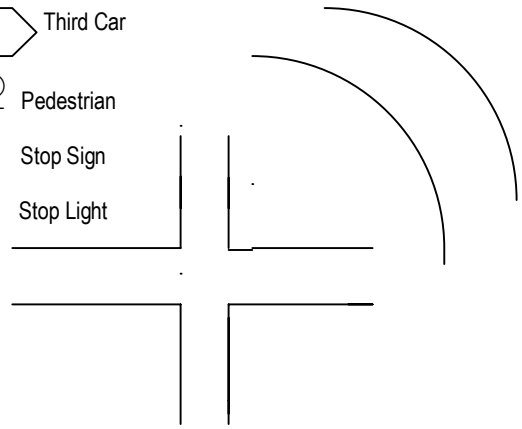
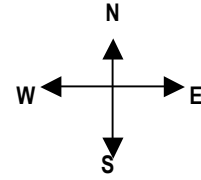
Sign here

**For AUTOMOBILE ACCIDENTS**

Please complete the diagram at the right showing the position of all vehicles, persons, stop lights, stop signs and other objects. Also show street names.

-  First Car
-  Second Car
-  Third Car

-  Pedestrian
-  Stop Sign
-  Stop Light



**FOR ACCIDENTS OTHER THAN AUTOMOBILE...**

Indicate any additional comments or diagrams in this space.