WITNESS STATEMENT FORM

IMPORTANT: This form is provided for documentation purposes only. It is not a legal affidavit and does not constitute legal advice. A witness should provide only information they personally observed and should not guess or speculate.

1. WITNESS INFORMATION

Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

2. ACCIDENT INFORMATION

Date of Accident: _____

Approximate Time: _____

Location: _____

City/State: _____

3. HOW DID YOU WITNESS THE ACCIDENT?

- ☐ I was driving
- ☐ I was walking
- ☐ I was nearby
- ☐ I was a passenger
- ☐ I was riding a bicycle
- ☐ Other: _____

Where were you when you witnessed the accident?

How far away were you from the accident?

What could you see before the accident?

4. WHAT DID YOU OBSERVE?

Please describe only what you personally saw or heard. Include as much detail as you can remember, including the direction the vehicles were traveling, traffic signals, lane positions, vehicle movements, and what happened immediately before and after the collision.

5. VEHICLE INFORMATION

Detail	Vehicle 1	Vehicle 2
Make/Model		
Color		
License Plate		
Direction of Travel		
Other Details		

6. TRAFFIC & ROAD CONDITIONS

- ☐ Clear weather
- ☐ Rain
- ☐ Snow/Ice
- ☐ Fog
- ☐ Daylight
- ☐ Nighttime
- ☐ Heavy traffic
- ☐ Light traffic
- ☐ Poor road conditions
- ☐ Construction
- ☐ Other: _____

7. OTHER WITNESSES

Name	Phone/Email	Additional Information

8. ADDITIONAL INFORMATION

9. WITNESS CONFIRMATION

"I am providing this statement based on my personal observations. I have attempted to provide the information accurately and to the best of my recollection."

Witness Name: _____ **Date:** _____

Signature: _____