

Witness Statement

WITNESS DETAILS				
Full Name, Surname, and I.D. Number				
Physical Address				
Postal Address				
Contact Number	Home:	Work:		
	Cell:			
	Email address:			
ACCIDENT INFORMATION				
Did you witness the accident?				
At what time of the day/night did the accident occur?				
Please describe in your own words exactly how the accident happened and, if possible, give a rough sketch. Space provided below.				

SKETCH		
POSITION OF VEHICLES BEFORE ACCIDENT:		POSITION OF VEHICLES AFTER THE ACCIDENT:
In your view, who was to blame?		
Can you tell, from what you witnessed, if any		
of the driver's tried to avoid the accident?		
If so, how?		
Did any of the driver's give any warning?		



CONDITIONS		
Sunny	Overcast, but clear	Overcast, bad visibility
Sunny Misty	Overcast, but clear Dark	Overcast, bad visibility
	·	Overcast, bad visibility
	CONDITIONS	CONDITIONS



DECLARATION
I,, the undersigned witness, hereby declare that the information provided in this witness statement is correct and a true reflection of the events as I remember them to be.
Signature:
Date: