

# WITNESS STATEMENT

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

## Accident Details

Name of Injured Party: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Does the witness know the injured party?: \_\_\_\_\_  YES  NO

## Witness Statement

How did the accident occur? What did the witness observe? What did they do?  
(Use additional sheets of paper, if more is needed)

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