

WITNESS REPORT OF ACCIDENT FORM

File No. _____

DATE OF THIS REPORT _____

FACTS OF ACCIDENT

Where did the accident occur? _____
Street and Number – Intersection – Highway

Date _____ Time _____ m.

Did you see the accident? Yes No

If no, how soon after the accident did you see it? _____ Where were you when you saw it? _____

CARS INVOLVED IN ACCIDENT

	Make	Direction on what Street/Hwy	Driver	MPH
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DESCRIPTION OF ACCIDENT

Describe the accident in detail. Use the Street Diagram Form to illustrate.

What traffic violation did you see? _____

Was there any evidence of intoxication? _____ If so, who? _____

Were any of the drivers careless? _____ If so, who and in what way? _____

Who in your opinion was at fault? _____

Was anyone injured? _____ If so, in which car? _____ Name of injured _____

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OTHER WITNESSES

	Name	Address	Phone #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you related to any of the above? Yes No If yes, who? _____

SIGNATURE

Witness Signature _____ Witness Address _____

Witness Phone # _____ Witness E-Mail Address _____