**Accident Witness Statement Template**

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| --- | --- |
| Statement relating to accident of: | |
| Vehicle Registration and type: | |
| Driver name: | |
| Date and location: | |
| Statement taken by: | |
| Contact details: | |
| Role: | |
| Details of Witness: | |
| Name of witness: | |
| Age: | Sex: M/F |
| Role in business or third party? | |
| Home Address: | |
| Names of people present at interview: | |
| Role: | |

Signature Print Name

Date

|  |
| --- |
| I (name, address, role) will say as follows:  Leave no gaps between lines:  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………………  ………………………………………………………………………………………………………………………………………………………………………… |

In the presence of:

Signature Print Name

Date

If the witness is unwilling to sign, an investigator should sign that this is a true account of the statement made by the witness in their presence.