**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.