

Vehicle Accident Witness Statement

Date of Accident:

Enter date

Time of Accident:

Enter time

Location of Accident:

Enter location

Witness Name:

Enter witness name

Contact Number:

Enter contact number

Address:

Enter address

Vehicle(s) Involved (if known):

List vehicle details

Statement:

Describe what you witnessed, including events before, during, and after the accident.

Witness Signature:

Sign here

Date:

Enter date