

WITNESS REPORT

Date of Accident: _____

Time of Accident: _____

Place of Accident: _____

Our Claim Number. _____

Where were you when accident happened? _____

Did you see the accident happen? _____ If not, how soon after did you see it? _____

VEHICLES INVOLVED

No. 1 _____
Make and color _____ direction on what street or hwy. _____ Driver _____

No. 2 _____
Make and color _____ direction on what street or hwy. _____ Driver _____

No. 3 _____
Make and color _____ direction on what street or hwy. _____ Driver _____

DESCRIBE ACCIDENT AS WITNESSED BY YOU (Use attached charts to illustrate) _____

Estimate speed of Vehicle 1 _____ Vehicle 2 _____ Vehicle 3 _____

Type of signal given by Vehicle 1 _____ Vehicle 2 _____ Vehicle 3 _____

Where was point of impact in relation to center of road? _____

Impact occurred _____ From nearest intersecting street or road.
Ft. or Yds. _____ Direction _____

Location of skid marks with respect to the center of the road or street:

Vehicle 1 _____

Vehicle 2 _____

Vehicle 3 _____

Were lights necessary? _____ Were they burning on Vehicle 1 _____ Vehicle 2 _____ Vehicle 3 _____

What traffic violations did you see? _____

Who in your opinion was at fault? _____

Did you hear any of the drivers accept the blame? _____ Which one? _____

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

Are you related to any of the drivers? _____ If so, whom? _____

X _____
Your signature and date