

WITNESS STATEMENT

Date: _____, 20____

Name: _____

Age _____

Mailing Address _____

Phone _____

Residence Address _____

Phone _____

Did you see the incident? _____ Date _____

Hour _____

Where did it happen _____

Where were you? _____

Was anybody injured? _____ Who? _____

What happened? _____

What statements did you hear parties make? _____

Names and addresses of other witnesses: _____

Signed _____