

Your Business Name

MOTOR VEHICLE ACCIDENT WITNESS STATEMENT

Company:		Date Form Was Completed:	
Driver Name:			
Cellphone:			
Accident Details			
Name of Witness:			
Address:		City:	State: Zip:
Witness Phone Number:			
Date of Accident:		Approximate Time of Accident:	
Does the witness know the injured party?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Witness Statement

How did the accident occur? What was observed? What was done before, during and after the accident?
(Use additional sheets of paper if more space is needed.)

Witness Signature:	Date:
<small>If witness is unavailable to sign and an authorized company representative took the statement, the representative who took the statement must sign below.</small>	
Authorized Company Representative Signature:	

Provided by: Bankers Insurance, LLC
Tel: 800.541.1419