TROY POLICE DEPARTMENT
500 W. Big Beaver
Troy, MI 48084

COMPLAINT NUMBER _____

## DRIVER WITNESS STATEMENT

NAME _____ DATE OF BIRTH _____

ADDRESS _____ HOME PHONE _____

CITY _____ WORK PHONE _____

STATE _____ ZIP CODE _____

INSURANCE COMPANY _____ POLICY NUMBER _____

CITY AND STATE OF LOCAL AGENT _____

WEARING SEATBELTS? Yes _____ No _____ ARE YOU INJURED? Yes _____ No _____

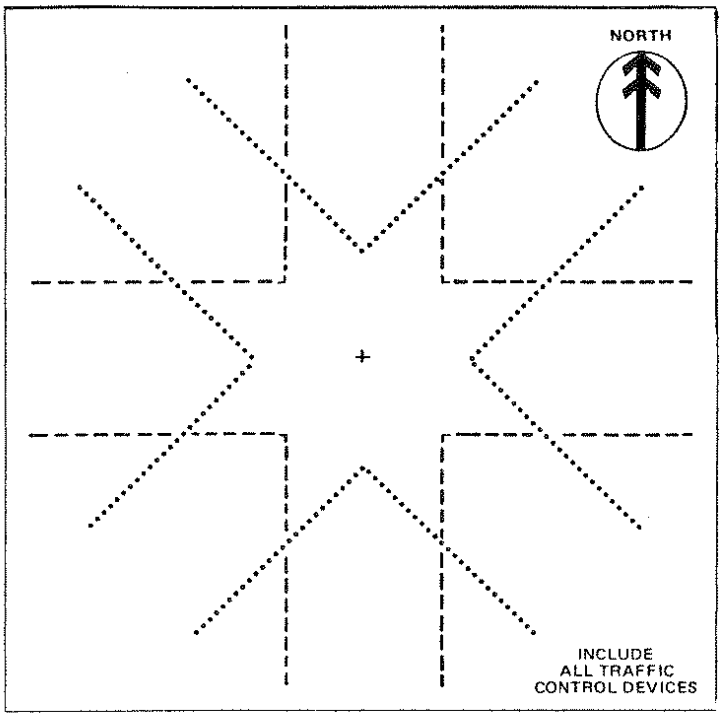
PLEASE LIST PASSENGERS NAMES, ADDRESSES, AGES, SEATBELT USE AND LOCATION IN VEHICLE AT THE TIME OF THE ACCIDENT ON THE REVERSE SIDE OF THIS FORM.

IN YOUR OWN WORDS PLEASE INDICATE WHAT YOU KNOW ABOUT THIS INCIDENT.
(What happened)

SIGNATURE OF PERSON MAKING STATEMENT _____

OFFICER TAKING STATEMENT _____ TIME _____ DATE _____

ADDITIONAL COMMENTS OR DIAGRAM OF ACCIDENT TO BE COMPLETED ON BACK


NORTH
INCLUDE
ALL TRAFFIC
CONTROL DEVICES