



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY WOODMERE POLICE DEPARTMENT	DATE OF CRASH M /D /Y
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ **HEREBY MAKE THIS VOLUNTARY STATEMENT TO**
PRINTED NAME

_____ **AT** _____
OFFICER'S NAME LOCATION

Street or Parking Lot Traveling On		Lane of Travel		Direction of Travel	
Vehicle Information	Year	Make	Model	Color	License Plate #
Seat Belt Type & Use Lap & Shoulder / Lap Belt Only		Air Bag Equipped Yes / No		Air Bag Deployed Yes / No	
Est. Speed MPH		Insurance Company / Policy #		Air Bag Switch On / Off / Not Present	
Date of Birth		Home Address		Home Phone or Cell Phone #	
Est. Speed MPH		Insurance Company / Policy #		Work Phone #	
Date of Birth		Home Address		Driver's License #	

Do you swear or affirm that the document you are signing is true to the best of your knowledge? Y ___ N ___

Stamp		Witness Officer Signature		Badge Number	
Signature		Date		Officer's Signature	
				Badge Number	