PIN NO: _____

CASE NUMBER: _____

TODAYS DATE/TIME: _____

WITNESS MOTOR VEHICLE COLLISION REPORT STATEMENT

NAME: _____

LOCATION OF COLLISION: _____

DATE AND TIME OF COLLISION: _____

I WILL STATE:

I consent to any and all information contained within this statement and form, including the accident report to which this statement relates, to persons or agencies, directly or indirectly affected by the motor vehicle collision, including but not limited to insurance companies or their representatives, property owners, investigators and legal representatives acting on their behalf.

SIGNATURE: _____