

WITNESS ENQUIRY FORM

1. Where were you at the time of the accident and how near to it?

2. Did you actually see it occur? Yes/No

3. What were the weather conditions at the time?

4. Was the road dry, wet, icy or greasy?

5. What were the speeds of the respective vehicles?

6. Was either vehicle on its wrong side?

7. Did either vehicle give any warning?

8. Was either drivers view obstructed?

9. Did either driver apply brakes or swerve?

10. How far did each vehicle go after impact?

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11. Could either driver have done anything to avoid the incident? If so what?

12. Please state in your own words the circumstances of the accident and who, in your opinion, was to blame for the accident

13. Please give names and addresses of any other person who saw the accident

14. Please give the reverse side a rough sketch of the scene of the accident, showing positions of each vehicle at the time of impact.

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15. Are any of the parties involved known to you Yes / No

Name _____

Signature _____

Address _____
