

WITNESS' CRASH STATEMENT

CHICAGO POLICE DEPARTMENT

DATE OF STATEMENT

RD NO.

STATEMENT OF -NAME

ADDRESS

HOME TELEPHONE NO.

LOCATION OF CRASH

TIME TAKEN

STAR NO.

BEAT/UNIT NO.

WITNESSES BY/PRESENT - NAME

ADDRESS

HOME TELEPHONE NO.

THIS STATEMENT TO BE COMPLETED BY THE WITNESS

WHAT IS YOUR AGE?

ARE YOU MARRIED OR SINGLE?

WHAT IS YOUR OCCUPATION?

WHERE ARE YOU EMPLOYED?

HOW LONG HAVE YOU BEEN EMPLOYED THERE?

WHAT IS YOUR BUSINESS PHONE?

DO YOU DRIVE AN AUTOMOBILE?

 YES NO

IF SO HOW LONG HAVE YOU BEEN DRIVING?

YOU ARE NOW BEING QUESTIONED IN CONNECTION WITH THE ACCIDENT RESULTING IN THE _____

OF _____ WHICH OCCURRED AT _____

ON _____ 20_____ ON OR ABOUT _____ HOURS.

DO YOU WISH TO MAKE A STATEMENT OF YOUR OWN FREE WILL, WITHOUT ANY PROMISE OF IMMUNITY OR REWARD HAVING BEEN MADE TO YOU?

 YES NO

WHERE WERE YOU GOING AT THE TIME OF THE ACCIDENT?

WAS ANYONE WITH YOU?

 YES NO

HOW DID YOU HAPPEN TO BE IN THE VICINITY WHERE THIS ACCIDENT OCCURRED?

IN WHICH DIRECTION AND ON WHAT STREET WERE THE VEHICLE(S)/PEDESTRIAN(S) TRAVELING?

VEHICLE NO.1

VEHICLE NO.2

PEDESTRIAN NO.1

PEDESTRIAN NO.2

COULD YOU ESTIMATE THE SPEED OF ANY OF THE VEHICLES INVOLVED IN THE ACCIDENT?

VEHICLE NO. 1

VEHICLE NO. 2

WHAT WAS THE CONDITION OF THE WEATHER?

 CLEAR FOGGY RAINING SNOWING

WHAT WAS THE CONDITION OF THE STREET ?

 DRY WET ICY BUMPY

ANY OBSTRUCTIONS ?

 YES NO

DESCRIBE THE LIGHTING CONDITIONS AT THE ACCIDENT LOCATION?

 DAYLIGHT DUSK DARK

WERE THE STREET LIGHTS ON?

 YES NO

HOW WAS THE VISIBILITY?

AHEAD OF YOU

RIGHT

LEFT

NOW GO AHEAD AND IN YOUR OWN WAY, TELL HOW THE ACCIDENT HAPPENED, AND ALL YOU KNOW ABOUT THE ACCIDENT?

(Continued on other side)

CAN YOU IDENTIFY THE VIOLATOR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, PLEASE STATE NAME				SEX	RACE	AGE
HEIGHT	WEIGHT	HAIR	EYES	COMPLEXION	BEARD <input type="checkbox"/> YES <input type="checkbox"/> NO	GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO		

DESCRIBE CLOTHING OR ANY OTHER OUTSTANDING FEATURES

HOW FAR DID VEHICLE NO. 1 (MAKE AND TYPE)?	GO AFTER THE COLLISION?
HOW FAR DID VEHICLE NO. 2 (MAKE AND TYPE)?	GO AFTER THE COLLISION?

COULD YOU TELL IF ANYONE OR ALL OF THE DRIVERS AND/OR PEDESTRIANS HAD BEEN DRINKING?
 YES NO

DRIVER NO.	DRIVER NO.	PEDESTRIAN NO.	PEDESTRIAN NO.
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IF SO, ON WHAT DO YOU BASE YOUR OPINION?

IF THE INJURED WAS A PEDESTRIAN(S), WHAT WAS HE/SHE (WERE THEY) DOING AT THE TIME OF THIS ACCIDENT?

AFTER THE ACCIDENT OCCURRED, WHAT DID YOU DO?

COULD THIS ACCIDENT HAVE BEEN AVOIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU RELATED OR ACQUAINTED WITH ANY OF THE PERSONS INVOLVED IN THIS ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL CONCERNING THIS ACCIDENT?

WITNESS(ES)' SIGNATURE	DRIVER'S SIGNATURE
	DATE SIGNED
	TIME SIGNED