

# Traffic Collision Statement

Full Name:

Date of Incident:

Location of Collision:

Your Vehicle (Make, Model, Year):

Other Vehicle(s) Involved (if any):

Describe How the Collision Occurred:

Witness(es) (if any):

Injuries (if any):

Describe Damage to Vehicles/Property:

Additional Statement:

Signature:

Date Signed:

**Submit Statement**