

LAW OFFICES OF
JOSEPH J. PERRINI, III
2876 MERRICK ROAD
BELLMORE, NEW YORK 11710
TEL: 516-221-7900 FAX: 516-221-1746

Re:

Dear Sir/Madam:

We understand that you were a witness to the accident described below:

Location:
Loss Date:
Color of Vehicles:

Since witnesses can provide critical on-the-scene information, they play a very important role in the claim settlement process.

Please take a few minutes to answer the questions on the enclosed form. We understand that it may be an imposition, but it's very important in helping us make an evaluation regarding this accident. We've enclosed a self-addressed, stamped envelope for your convenience. Should you have any questions, please feel free to call me at (516) 221-7900 and I will be happy to assist you.

Thank you for your cooperation.

Very truly yours,

JOSEPH J. PERRINI

JJP:js

WITNESS STATEMENT

Your Name (please print full name, not initials): _____

Age: _____ Date of Birth: ____/____/____ Soc.Sec.# _____ - _____ - _____

Home Address: _____ Phone: (____) ____ - _____

Business Address: _____ Phone: (____) ____ - _____

Date of Accident: ____/____/____ About what time? ____:____ AM / PM (circle one)

Where did the accident happen? _____

Where were you when the accident occurred? _____

Did you see it? Yes / No (circle one) If not, how soon after did you arrive? _____

Describe how the accident occurred: _____

Was anyone injured: Yes / No (circle one) Who? _____

Give names and addresses of other witnesses: _____

Did you hear anyone admit fault? Yes / No (circle one) Who? _____

In your opinion, who was to blame? _____ Why? _____

IF AN AUTOMOBILE ACCIDENT, PLEASE COMPLETE THE QUESTIONS LISTED BELOW.

Describe each car, name the driver and state the direction each was going: _____

Did you see each car before impact occurred? Yes / No (circle one) If so, what is your estimate of each? _____

If intersection accident, which car entered first? _____

Was horn or signal given? Yes / No (circle one) Which? _____

By which driver? _____

Where did each vehicle stop after accident? _____

What part (front, rear) of each car was damaged? _____

Name: _____ Date: _____

FOR AUTOMOBILE ACCIDENTS: If possible, please complete a diagram showing the position of all vehicles, persons, stop lights, stop signs and other objects. Please also show street names.

FOR ACCIDENTS OTHER THAN AUTOMOBILE:
Indicate any additional comments or diagrams in this space.

Any person who knowingly makes or knowingly assists, abets, solicits, or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles, or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each such violation.

Name _____ Date _____

(Sign here and on page one)