



Witness Statement

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To be completed by any/all Witnesses within 24 hours of the incident and filed with Lee County Insurance Liaison Chris Henkel, 112 E. Second Street, Dixon, IL 61021.

Witness Name: _____

Home Phone # (____) _____ - _____ Alternate phone # (____) _____ - _____

Address: _____

City _____ State _____ Zip Code _____

Name of Injured Party: _____

Date of Incident: _____ Time of Incident: _____ am pm

Please explain, in your words, what you saw:

- Where were you and what were you doing?
- How did the incident happen?
- How would you describe the appearance of the injured party?
- Describe the area in which the incident occurred.
- Who else was at the scene?
- What conversation took place?
- Did the injured party say anything to you?
- Any other information about the incident?

Please use the back of this sheet to continue your statement if necessary.

I understand that by signing this statement, I am verifying that all of the information contained herein is true and correct.

Witness Signature

Date