OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number _____ Pg ___ of ___

Date (mm/dd/yyyy)	County	Administrative

To Be Completed By Witness

Last Name	First	Middle Name	Suffix	Date of Birth (mm/dd/yyyy)

Address	City	State	Zip	Telephone (Use Area Code)

I (Legal Signature) _____ do hereby make the following statement of my own free will and accord concerning _____

which occurred (Location) _____

on Date (mm/dd/yyyy) _____ Time _____

This statement was written on Date (mm/dd/yyyy) _____ Time _____

Officer's rank and name	Troop or division