



RESTRICTED (When complete)
WEST MIDLANDS POLICE

WT898A
(08.17)

Allegations of Driving Standards – Self Reporting Scheme
(Not to be used for reporting Road Traffic Collisions)

1.

Police Ref: []

WITNESS STATEMENT

C.J. ACT 1967, s.9 MC Act 1980, ss 5A(3)(a) and 5B; MC Rules 1981, r70

Statement of:
Age if under 18: (if over 18 insert 'over 18')
Occupation:

This statement consisting of five (5) pages signed by me is true to the best of my knowledge and belief and I make it knowing that, if tendered in evidence, I shall be liable to prosecution if I have wilfully stated anything which I know to be false, or do not believe to be true.

Dated:
Signature:

2. Details of the Incident

Date of Incident: Time: am/pm
Exact location of incident including junctions and postcode where possible:

3. Details of your vehicle (if applicable)

Make, Model, Colour: *Are you the owner of the vehicle? YES NO
Registration number: *Were you the driver of the vehicle? YES NO
*If NO please provide details of the:
Driver at time of incident:
Taxi / Buses: (Please provide details of Plate number, driver number, licensing authority, route employer details etc):

4. Other Vehicles involved (if known)

Table with 4 columns: Make & Model, Registration Number, Colour, and a numbered row (1, 2, 3).

Please describe the driver(s) of the vehicles in section 4 in section 5 below. Please ensure Vehicle 1 - 3 identified in section 4 corresponds with the relevant driver number in Section 5.

To be signed and dated by the person making this report
Signature: Print Name: Date:



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Are you making any allegations against anyone involved? YES / NO

If 'YES' please give details:

Form with horizontal dashed lines for providing details.

Was there any conversation between you and the other driver? YES / NO

If 'YES' what was said:

Form with horizontal dashed lines for providing details of conversation.

Was the registration mark of the other vehicle recorded by you at the time of the incident? YES / NO

If 'NO', please give the name of the person(s) here (provide full details in Section 8):

Form with horizontal dashed lines for providing names of persons.

PLEASE NOTE: Any original note of the registration number of the other vehicle is an important exhibit, it must be retained in a safe place and be kept for production at Court or seizure by Police if required.

If you have any photographs or CCTV, Dash Cam footage please attach it to this form once completed.

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Signature:

Print Name:

Date:



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ANY PHOTOGRAPHS, DASH CAM FOOTAGE, CCTV YOU SUPPLY, NEED TO BE EXHIBITED.

They are your exhibits and you should use your initials. For example if your name is Sam Jones they should be listed as per the below example.

<i>PIECE OF PAPER CONTAINING REGISTRATION NUMBER</i>	<i>SJ/1</i>
<i>DATA STICK CONTAINING DASH CAM</i>	<i>SJ/2</i>

I produce the following in evidence to support my case as:

ITEM	EXHIBIT NUMBER YOUR INITIALS AND NUMBER

Please note: WITHOUT the FULL registration number and independent witnesses, West Midlands Police may not be able to investigate this matter further.

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Any Additional Information

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Signature:

Print Name:

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Not to be disclosed

8. Witnesses:

Please give the FULL Names, Addresses, Telephone numbers and e-mail address of any witnesses, please indicate the relationship of the witness to you and whether they are an independent witness.

Note: An independent witness is someone not involved in the incident, and not known to any party.

	Independent? Y / N
Witness 1:	
Witness 2:	
Witness 3:	
Witness 4:	

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Additional Information
Not to be disclosed

Personal Details:

Surname:	First Name(s):
Title: (Mr/Mrs/Miss/Ms)	Date of Birth:
Address:	Telephone numbers: Home:
Postcode:	Mobile:
Occupation:	Other:
Religion:	Ethnicity:
e-mail address:	
Please indicate your preferred method of contact:	

Court Declaration

Are you willing to attend court to give evidence in this case if necessary? YES / NO

If you were required to attend Court, are there any dates during the next 6 months which would be inconvenient? If so please provide dates:

If you have any photographs or CCTV footage please attach it to this form once completed.

PLEASE ENSURE THAT YOU HAVE SIGNED ALL PAGES

YOU HAVE NOW FINISHED YOUR PART OF THE FORM. PLEASE TAKE IT TO THE POLICE STATION FRONT OFFICE WHERE IT WILL BE CHECKED PRIOR TO SUBMISSION.

For Police use only:

Checked By:	
Print Name:	
Personal Number:	
Date:	

Station Stamp:

To be signed and dated by the person making this report		
Signature:	Print Name:	Date: