OFFICIAL OKLAHOMA TRAFFIC COLLISION REPORT
STATEMENT OF WITNESS

Case Number

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