A.B.A.T.E. of Pennsylvania Witness Statement

OBTAIN WRITTEN STATEMENT FROM EACH WITNESS

One form for each witness

Verify information from driver licenses

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

DL Number: _____ Chapter: _____

Please PRINT exactly what you witnessed concerning this incident. Thank you for your assistance.

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Date: _____ Time affidavit filled out: _____ (include AM or PM)

Witness Signature: _____

A.B.A.T.E. Officer: _____