



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: JOE BLOGGS
Age if under 18: OVER 18 (if over 18 insert 'over 18')
Occupation: SHOP ASSISTANT

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: J. BLOGGS 23/06/2019
Signature: J. BLOGGS

2. **Details of the Incident**

Date of Incident: <u>22/06/2019</u>	Time: <u>1600</u> <u>am</u> /pm
Exact location of incident including junctions and postcode where possible: <u>THORNHILL RD AT JUNCTION WITH GOLDSHILL ROAD.</u>	

3. **Details of your vehicle (if applicable)**

Make, Model, Colour: <u>N/A</u>	*Are you the owner of the vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>
Registration number: <u>N/A</u>	*Were you the driver of the vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>
*If NO please provide details of the:	
Driver at time of incident: <u>N/A</u>	
Taxi / Buses: (Please provide details of Plate number, driver number, licensing authority, route employer details etc): <u>N/A</u>	

4. **Other Vehicles involved (if known)**

	Make & Model	Registration Number	Colour
1	FORD FOCUS	CX15 VGU	BLUE
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: J. BLOGGS Print Name: JOE BLOGGS Date: 23/06/2019



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- 5. Details of other parties involved?** (Describe as best you can e.g. male/female, ethnic appearance, age, height, hair colour/length, distinguishing features ie: scars/tattoos or any other information)

1	N/A
2	N/A
3	N/A

6. Describe conditions at the time of the incident

Was the traffic: Please circle one option: Light Medium Heavy
Was the weather: Please circle: Fine Sunny Dull Raining Snowing

Other please specify:

Were the road conditions: Please circle: Dry Wet Greasy Icy Snow covered

Other please specify:

Was visibility: Please circle: Clear Daylight Foggy Dusk Dark

Other please specify:

7. Please state fully what happened

ON SATURDAY 22nd JUNE 2019 I WAS walking along THORNHILL ROAD in the direction of SOHO ROAD. At approximately 1600hrs, AS I approached the junction with GOLDSHILL ROAD I noticed a BLUE FORD FOCUS Vehicle URM CXIS VGU parked entirely over the drop curb blocking the crossing.
At the time I was walking with my young son in the pram and due to the vehicle being parked across the drop curb I was unable to cross the road.
I then had to cross the road in between cars which put me and my son at some considerable risk as the traffic was quite heavy.

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Are you making any allegations against anyone involved?

YES / NO

If 'YES' please give details:

I am making an allegation of inconsiderate/dangerous driving on the part of the owner of the BLUE FORD FOCUS VRM CX15 VGU.

Was there any conversation between you and the other driver?

YES / NO

If 'YES' what was said:

Driver not present at the time.

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):

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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Print Name: JOE BLOGGS

Date: 23/06/2019



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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.

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

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

ITEM	EXHIBIT NUMBER YOUR INITIALS AND NUMBER
PIECE OF PAPER WITH VRM WRITTEN ON IT	JB/01
1 X COLOUR PHOTOGRAPH OF VEHICLE PARKED CAUSING OBSTRUCTION.	JB/02

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

* Nothing further to add.

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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: MARY BLOGGS 01/01/1980 (PARTNER), 1 THORNHILL ROAD, HANDSWORTH, BIRMINGHAM. TEL: 07548 333 111	N
Witness 2:	
Witness 3:	
Witness 4:	

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Signature:

Print Name:

Date:



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Additional Information
Not to be disclosed

Personal Details:

Surname: BLOGGS	First Name(s): JOE
Title: (Mr/Mrs/Miss/Ms)	Date of Birth: 01/01/1981
Address: 1 THORNHILL ROAD, HANDSWORTH, BIRMINGHAM.	Telephone numbers: Home: 0121 34589 Mobile: 07342 222 555 Other:
Postcode: B21 9BT.	
Occupation: SHOP ASSISTANT	
Religion: ATHIST	Ethnicity: WHITE BRITISH.
e-mail address: J.BLOGGS123@HOTMAIL.COM.	
Please indicate your preferred method of contact: EMAIL.	

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:

1st OCTOBER → 10th OCTOBER 2019 (FAMILY HOLIDAY).

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:

Station Stamp:

Checked By:	
Print Name:	
Personal Number:	
Date:	

To be signed and dated by the person making this report

Signature: **J. BLOGGS** **Print Name:** **JOE BLOGGS** **Date:** **23/06/2019.**

