

# Personal Injury Accident Statement

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am writing to provide a statement regarding the personal injury accident that occurred on [Date of Accident] at [Location of Accident].

Details of the Incident:

- **Time of Incident:** [Insert Time]
- **Description of Accident:** [Provide a detailed description of how the accident occurred]
- **Injuries Sustained:** [List all injuries sustained]
- **Medical Treatment:** [Detail any medical treatment received]

Witnesses:

- [Witness Name & Contact Information]
- [Witness Name & Contact Information]

Conclusion:

I affirm that the information provided above is accurate to the best of my knowledge. I am willing to cooperate fully in any further investigations regarding this matter.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]