BRAMPTON
brampton.ca **Flower City**

Corporate Services
Enforcement and By-Law Services

Flower City Community Campus
8850 McLaughlin Road S., Unit #2
Brampton, ON L6Y 5T1
T: 905.458.3424
F: 905.458.3903

Completing Your Witness Statement

It is recommended that you complete your statement as soon as possible while the information is fresh in your memory.

Steps to Completing Your Witness Statement:

1. Complete your statement in chronological order.

2. Remember to use the 4 W's – Who, What, Where, When. These questions should all be answered in your statement.

3. Please include a detailed description of any people / vehicles observed. Notable observations to include are: Height, clothing, male or female, # of people involved, and licence plate number / description of vehicle.

4. All sections of the Witness Statement are to be completed in full.

5. Please include only what you observed, and not what others have told you. If there are other witnesses, each person must complete this form.

6. Please initial at the end of your statement and put a diagonal line through any extra space left blank.

You will be required to attend court to present this statement as evidence. If you are not willing to attend, please contact an Enforcement Supervisor at 905.458.3424, Ext. 63230 or by email at enforcement@brampton.ca .

Please note that your file may be closed due to insufficient evidence as a result.

WITNESS STATEMENT FORM

NAME OF WITNESS: _____ FILE NUMBER: _____

ADDRESS: _____ CITY: _____ PROVINCE:_____

POSTAL CODE: _____

TELEPHONE: (HOME) _____ (WORK) _____

DATE / TIME OF STATEMENT: _____

TYPE OF OFFENCE OBSERVED: _____

LOCATION OF OFFENCE: _____

LICENCE PLATE / DESCRIPTION OF VEHICLE: _____

Notice of Requirement to Appear in Court:

If charges are laid as a result of information received in this witness statement, <u>you will be required </u>to attend the court date to present this statement.

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Signature: _____ Date: _____
                (Sign and Print Name)

Witness: _____
                (Sign and Print Name)

Witness Statement Form Continued

NAME OF WITNESS: _____   PAGE: _____

FILE NUMBER: _____

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