

# WITNESS STATEMENT

Name of witness: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Specific Location of accident: \_\_\_\_\_

Date of accident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of accident: \_\_\_\_:\_\_\_\_ a.m./p.m. (Circle)

Injured Person's Name (if any): \_\_\_\_\_

What was happening at the time of the accident? (include events that occurred immediately before the accident, condition of surroundings, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe how incident occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, describe specific injury or damage sustained -be specific: Example: left/right, upper/lower:

\_\_\_\_\_  
\_\_\_\_\_

What could have prevented this incident from occurring? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional witnesses to incident: \_\_\_\_\_

Reported incident/injury to: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_