

# 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.):

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Describe how incident occurred:

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

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What could have prevented this incident from occurring?

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Additional witnesses to incident:

Reported incident/injury to:

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