Witness Statement

(Completion of all form fields is mandatory)

Witness Name:		Job title/Department:	
Work number:		Cell number:	
Home address:			
	(Street address)	*(City, State)*	*(ZIP)*

Accident location:			
Weather Conditions:			
Date of Accident		Time of Accident	

Describe how accident occurred (including events that occurred immediately before the accident)

Describe bodily injured sustained (be specific about body part(s) affected)

Recommendation on how to prevent this accident from recurring

Witness Signature _____ Date _____