

WITNESS STATEMENT

If you were an accident eyewitness, complete all sections of this form, sign, date and return.

WITNESS INFORMATION

Witness Name		Date of Birth	
Address			
City, State, Zip			
Home Phone Number		Cell Number	
Email Address		Work Number	

EMPLOYMENT INFORMATION

Employer's Name			
Employer's Address			
Department		Job Title	
Employment Status		Shift Worked	
Do you have any other employment at this time?		Yes	No <i>If yes, list below</i>

ACCIDENT INFORMATION

Injured Name		Date of Accident		Time of Accident	
Address/Location of Accident					
Explain in your own words how the accident occurred:					
What do you think caused the accident?					
Could this accident have been prevented?		Yes		No	<i>If yes, explain below</i>
Was this accident caused by another person?		Yes		No	<i>If yes, provide name below</i>
Was medical assistance provided at the scene?		Yes		No	
Are you aware of any other injuries this individual has had in the past?		Yes		No	
If yes, list here:					

I CERTIFY WITH MY SIGNATURE THAT I UNDERSTAND THE ABOVE QUESTIONS AND HAVE ANSWERED THEM ACCURATELY.

WITNESS SIGNATURE: _____ DATE: _____