

# 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: \_\_\_\_\_