



WITNESS STATEMENT

Date Accident Occurred: _____

Name of Injured Person: _____

Location of Accident: _____

Name of Witness: _____

Home Address: _____

Telephone #: _____

1. Were you an eyewitness to the actual accident? _____ Yes _____ No

2. If not, did you come on the scene shortly after? _____ Yes _____ No

3. Weather conditions at the time of the accident: _____

4. Were lighting conditions normal at the time of the accident: _____ Yes _____ No

If not, explain: _____

5. Describe in your own words what happened, what you saw, and in your opinion what caused this accident: *(If you need more room, use back of form.)*

6. Did this accident occur due to malfunction of any equipment? _____

If so, please identify equipment involved and explain: _____

7. Was this accident caused by another person? _____

If so, name of other person(s) involved and explain: _____

Name, address & phone number
of person who can reach you

(____) _____

Witness Signature

Date of this Report