



WITNESS STATEMENT

Name of Injured Party _____

Location of Accident/Injury _____

Date of Injury _____

Statement Taken By _____

Witness _____

Name: _____ Age: _____

Residence _____

Address: _____

Home Telephone: _____ Work Telephone: _____

On _____, 20_____, at about _____ p.m./a.m.,
I was in or at (clearly state your own location) _____

When an accident involving the above employee is alleged to have occurred. Please complete only one statement.

I saw the accident. The accident occurred in the following manner:

Other pertinent information and source:

Or I did not see the accident. Information given me by (name of person)
_____ indicates it occurred as follows:

Other pertinent information and source:

Or I know nothing whatsoever about the occurrence.

Signature

Date