

## Accident/Injury Witness Statement

Today's Date: \_\_\_\_\_ Date of Accident/Injury: \_\_\_\_\_

Time of Accident/Injury: \_\_\_\_\_ am/pm

What were you doing prior to the accident/injury occurring?

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In detail, what did you actually see happen? \_\_\_\_\_

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Witness Name (please print) \_\_\_\_\_

\_\_\_\_\_ Witness address \_\_\_\_\_

\_\_\_\_\_

Witness phone number \_\_\_\_\_

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Investigator's signature

\_\_\_\_\_  
Date