

**VEHICLE COLLISION  
WITNESS STATEMENT**

Employee \_\_\_\_\_  
Employer \_\_\_\_\_  
Date of Collision \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Employer: \_\_\_\_\_  
On \_\_\_\_\_, 20\_\_\_\_, at about \_\_\_\_\_ a.m. / p.m., I was in or at (clearly state your own location) \_\_\_\_\_

\_\_\_\_\_ when a collision involving the above employee is alleged to have occurred.

(Check only one box)

I saw the collision.  
The collision occurred in the following manner: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information and source: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I did not see the collision.  
Information given me by (name of person) \_\_\_\_\_  
indicates it occurred as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other pertinent information and source: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I know nothing whatsoever about the occurrence.

\_\_\_\_\_  
Signature Date