

VEHICLE ACCIDENT WITNESS STATEMENT

Employee _____
Employer _____
Date of Accident _____

Name: _____ Age: _____
Residence
Address: _____
Home Telephone: _____ Work Telephone: _____
Employer: _____
On _____, 19____, 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.

(check only one box)

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

Other pertinent information and source: _____

☐ I did not see the accident.
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