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