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# WITNESS STATEMENT

REGARDING INCIDENT INVOLVING: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

## WITNESS INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF YOUR EMPLOYER: \_\_\_\_\_

ADDRESS OF YOUR EMPLOYER: \_\_\_\_\_

YOUR POSITION: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

RELATIONSHIP TO HIM/HER: \_\_\_\_\_

HOW LONG HAVE YOU KNOWN HIM/HER: \_\_\_\_\_

WHEN DID INCIDENT HAPPEN: \_\_\_\_\_

WHERE DID INCIDENT OCCUR: \_\_\_\_\_

DID YOU SEE HIM/HER GET HURT? \_\_\_\_\_

DESCRIPTION OF WHAT YOU WITNESSED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT INJURIES DID YOU OBSERVE: \_\_\_\_\_

\_\_\_\_\_

WHAT COMPLAINTS DID HE/SHE MAKE AT THAT TIME: \_\_\_\_\_

\_\_\_\_\_

HAVE YOU SEEN HIM/HER SINCE INCIDENT & IF SO WHAT DID YOU OBSERVE ABOUT THEIR CONDITION: \_\_\_\_\_

\_\_\_\_\_

DO YOU KNOW OF ANY OTHER WITNESSES TO THIS INCIDENT? Y / N IF SO, WHAT ARE THEIR NAMES: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_