| Organization Name**>> Witness Statement**  |
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| **Witness name: Phone:** **Date of accident: Time of accident:** **Address and location of accident:**  |
| [ ]  **I saw the accident. Please explain step-by-step how the accident occurred:**  |
| [ ]  **I did not see the accident occur but can provide additional information about the scene and other factors and/or unusual conditions that may have led up to the accident:**  |
| **Identify possible causes for the accident and how it could have been avoided:**  |
| **Identify witnesses or others in the surrounding area:**  |
| **Witness signature:** |  | **Date:**  |  |
| **Statement taken by (name of interviewer if applicable):** |  |

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| **If applicable please draw a diagram of the accident below:** |