| Organization Name **>> Witness Statement** | | | | |
| --- | --- | --- | --- | --- |
| **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:** |