

## **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:
ANUAT INJUIDIES DID VOLLODSEDVE
WHAT INJURIES DID YOU OBSERVE:
ANUAT COMBINING DID UE (CHE MAVE AT THAT TIME.
WHAT COMPLAINTS DID HE/SHE MAKE AT THAT TIME:
LIAVE VOLUCEEN LINA/LIED CINCE INCIDENT & LE COMPLIAT DID VOLLODEEDVE ADOLLT THED CONDITION.
HAVE YOU SEEN HIM/HER SINCE INCIDENT & IF SO WHAT DID YOU OBSERVE ABOUT THER CONDITION:
DO YOU KNOW OF ANY OTHER WITNESSES TO THIS INCIDENT? Y / N IF SO, WHAT ARE THEIR NAMES:
DO TOO KNOW OF ANY OTHER WITHESSES TO THIS INCIDENT: T. F. N. IF SO, WHAT ARE THEIR MAINES.
SIGNATURE DATE