ACCIDENT INVESTIGATION — WITNESS STATEMENT

COMPANY: _____ ACCIDENT REPORT NO.: _____

DRIVER INVOLVED: _____ VEHICLE NO.: _____

ACCIDENT LOCATION: _____

ACCIDENT DATE: _____ ACCIDENT TIME: _____ REPORT DATE: _____ REPORT TIME: _____

WITNESS NAME: _____ WITNESS PHONE NUMBER: _____

WITNESS ADDRESS: _____

WITNESS STATEMENT

INSTRUCTIONS: Complete in your own words, the immediate events leading up to and including the accident. Your effort to provide complete descriptive details of the events is essential to determine the facts about this accident.

SAMPLE

I have read the above statement and certify that it is true to the best of my knowledge.

Witness Signature: _____ Date: _____

Investigator Signature: _____ Date: _____

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