celina
INSURANCE GROUP

Injury/Accident Investigation

Witness Statement Form

Witness Statement *(Complete One Per Witness)*

Name:_____

Phone: _____ Email:_____

Address: _____

Relationship to the injured party: _____

Incident date: _____ Time: ☐ AM ☐ PM

Location *(address/establishment name)*:_____

Where were you when the incident occurred? *(be specific)*:

_____

_____

What did you observe? Please describe only what you personally saw/heard, in order, including the condition of the area and any warning signs present.

_____

_____

_____

_____

_____

Did you speak with the injured person or employees?..... ☐ Yes ☐ No

If yes, summarize:_____

_____

Additional notes/diagram *(optional)*: _____

_____

_____

Witness Signature: _____ Date:_____

Printed Name:_____