



**ACCIDENT REPORT WITNESS STATEMENT**

**Name of injured person:** \_\_\_\_\_

**Date and time of accident:** \_\_\_\_\_

**Name of person making statement:** \_\_\_\_\_

**Statement:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_  
Name Block Capitals