

**VEHICLE COLLISION
WITNESS STATEMENT**

Employee _____
Employer _____
Date of Collision _____

Name: _____ Age: _____
Residence Address: _____
Home Telephone: _____ Work Telephone: _____
Employer: _____
On _____, 20____, at about _____ a.m. / p.m., I was in or at (clearly
state your own location) _____

_____ when a collision involving the above employee is alleged to have occurred.

(Check only one box)

I saw the collision.
The collision occurred in the following manner: _____

Other pertinent information and source: _____

I did not see the collision.
Information given me by (name of person) _____
indicates it occurred as follows: _____

Other pertinent information and source: _____

I know nothing whatsoever about the occurrence.

Signature
Date
Attachment C
OP72.02
04/01/11