



VEHICLE ACCIDENT WITNESS STATEMENT

Employee _____ Date of Accident _____

Department _____

Witness Name: _____ Age: _____

Residence
Address: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Witness Statement

On _____, 20_____, at about _____ AM PM I was in or at (location)

_____ when I observed a vehicle accident involving the employee above.

The accident occurred in the following manner: _____

Other pertinent information and source: _____

Witness Signature

Date