



WITNESS STATEMENT

Claim No. _____

Date of accident _____ About what time? _____

Where did it happen? _____

Did you see it? _____ If not, how soon after did you arrive? _____

Where were you when accident occurred? _____

Was weather a factor? _____ If yes, describe conditions _____

Condition of accident area _____

What precautions had been taken? _____

Did any defects contribute to the accident? _____

If yes, name and describe _____

Did the injured party's (ies) actions contribute to the accident? _____

If yes, how _____

Name of injured _____

Give name and address of other witnesses _____

Describe how accident occurred? _____

Did you hear anyone admit fault? _____ Who? _____

In your opinion, who was to blame? _____

Why? _____

Are you a personal friend or relative of the injured party? _____

If yes, state relationship _____

Date: _____

Name: _____ Signature: _____

Home Address: _____ Phone: _____

Business Address: _____ Phone: _____