



## Witness Statement

Your Name (Print) \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Accident/Injury Description and Location (Be Specific):

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What did you witness?

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Who was in the area?

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How did it happen?

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What equipment was involved?

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Any other details you can share?

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**I have given the above statement and certify that it is true to the best of my knowledge.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date