

## Witness Statement

Your Name (Print) \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Accident/Injury Description and Location (Be Specific):  
\_\_\_\_\_  
\_\_\_\_\_

What did you witness?  
\_\_\_\_\_  
\_\_\_\_\_

Who was in the area?  
\_\_\_\_\_  
\_\_\_\_\_

How did it happen?  
\_\_\_\_\_  
\_\_\_\_\_

What equipment was involved?  
\_\_\_\_\_  
\_\_\_\_\_

Any other details you can share?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date