



STATEMENT FROM WITNESS TO ACCIDENT LEADING TO INJURY

TO BE COMPLETED BY WITNESS

Name of Witness _____

Address _____

Telephone (AH) _____

(BH) _____

Name of Injured Person _____

Date of Injury _____

/ /

Time of Injury _____

AM / PM

Location _____

Please give a full description of the accident giving rise to the claimant's injury, as you saw it

Signature of Witness _____

Date _____

/ /