

Witness Statement Documentation

Date of Statement:

WITNESS INFORMATION

| | |
|--|---|
| Full Name | <input type="text" value="Enter full name"/> |
| Contact Number | <input type="text" value="Enter contact number"/> |
| Email Address | <input type="text" value="Enter email address"/> |
| Address | <input type="text" value="Enter address"/> |
| Relationship to the Accident (if any) | <input type="text" value="e.g., colleague, bystander"/> |

ACCIDENT DETAILS

Accident Location:

Date & Time of Accident:

Persons Involved (if known):

STATEMENT

Describe, in your own words, what you saw or heard regarding the accident. Include details such as sequence of events, actions taken, and environmental conditions. (Attach additional pages if needed)

DECLARATION & SIGNATURE

I hereby declare that the above statement is true and accurate to the best of my knowledge and belief.

Signature

Date

IMPORTANT NOTES

- Ensure the statement reflects your own observations and recollections, not assumptions.
- If uncertain about any detail, clearly state that in your statement.
- Keep your account factual and avoid adding opinions or blame.
- Do not discuss your statement with others involved in the incident before submission.
- Attach any supplementary information or sketches if required.