## VEHICLE ACCIDENT WITNESS STATEMENT

	Employee
	Employer
	Date of Accident
Name:	Age:
Residence Address:Wor	
Home Telephone: Wor	k Telephone:
Employer:, 19, at about	
On, 19, at about	p.m./a.m., I was in or at (clearly
tate your own location)	
when an accident involving the above employee is alleged to	have occurred.
(check only one box)	
I saw the accident.	
The accident occurred in the following manner	er:
•	
	Marie
Other pertinent information and source:	
T did wat are the socident	·
I did not see the accident.	
information given the by (name of person)	
udicates it accounted as follows:	
dige-ton-it again-and an fallows	
<u> </u>	y
	Marker or
Other pertinent information and source:	
<b>_</b>	