

WITNESS STATEMENT (Employee/Non-Employee)
(Can be used for both Workers' Compensation & Liability Claims)

This report is to be used by the driver or anyone who witnesses an accident or incident.

PLEASE PRINT

Name:

Home Phone
Number:

Address:

City:

State:

Zip Code:

Date of Incident:

Exact Location of Incident:

Describe Accident/Injury:

Describe Vehicle/Property Involved (if applicable):

List all Witnesses & Phone Numbers:

Your Signature:

Date:

Municipal Employee's
Signature:

Date: