

# WITNESS STATEMENT

Date Accident Occurred: \_\_\_\_\_

Name of Injured Person: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Were you an eyewitness to the actual accident? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, did you come on the scene shortly after? \_\_\_\_\_ Yes \_\_\_\_\_ No

Weather conditions at the time of the accident: \_\_\_\_\_

Were lighting conditions normal at the time of the accident: \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, explain: \_\_\_\_\_

Describe in your own words what happened, what you saw, and in your opinion what caused this accident: *(If you need more room, use back of form.)*

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Did this accident occur due to malfunction of any equipment? \_\_\_\_\_

If so, please identify equipment involved and explain: \_\_\_\_\_

Was this accident caused by another person? \_\_\_\_\_

If so, name of other person(s) involved and explain: \_\_\_\_\_

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Name, address & phone number  
of person who can reach you

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Witness Signature

Date of this Report

# DECLARACIÓN TESTIMONIAL

Fecha: \_\_\_\_\_

Nombre del testigo: \_\_\_\_\_

Departamento: \_\_\_\_\_

Dirección particular: \_\_\_\_\_

Teléfono particular: \_\_\_\_\_

Nombre del empleado lesionado: \_\_\_\_\_

Fecha del accidente: \_\_\_\_\_

Hora aproximada del accidente: \_\_\_\_\_

¿El testigo conoce a la persona lesionada?: \_\_\_\_\_

Si la respuesta es sí, ¿cuál es la relación? \_\_\_\_\_ Amigo \_\_\_\_\_ Familia \_\_\_\_\_ Otro

Declaración testimonial (cómo ocurrió el accidente, incluidos los detalles precisos de lo que el testigo observó y realizó):

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(Nota: Utilice una hoja adicional si necesita más espacio).

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Firma del testigo