Witness Statement

Person Making Statement:_____

I observed the following (please be complete): _____

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_____

Location of Incident:_____

Specify proximity to incident:_____

Permanent address/City/State/Zip Code:_____
Phone #:_____

Above statement information is correct: (Signature line)_____

Date:_____

Time:_____

Investigators Signature:_____

Injured Person:_____

Date:_____