

ACCIDENT - WITNESS STATEMENT

Any witness to an accident that they have personally observed when it occurred should complete this form

Instructions

- This statement should be completed by the witness as soon as possible following the accident.
- The witness should restrict their statement to facts and not include assumptions.
- If the witness only saw some of the events leading to the accident, this should be stated.

Witness name:

Date:

Position (Coach, Member, Instructor)

Location of accident:

Time of accident:

Please describe the accident that you witnessed below:

I hereby declare that the information given is full and true to the best of my knowledge. I understand that if, at a later date, it is discovered that I have knowingly misrepresented the facts, this could invalidate an insurance claim, and I may be liable to prosecution

Signed: Date:

This form should be kept on file for at least three years.