

**City of Highland Park**  
**Witness Statement**  
(To be completed by witness)

Name of person making statement: _____ Telephone: (____) _____
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Type of Witness:	____ City Employee	____ Non-City Employee
Person(s) Involved:	____ City Employee	____ Non-City Employee
Type of Accident:	____ Injury	____ Non-Injury
<i>(check all that apply)</i>	____ Vehicle	____ Non-Vehicle Related

Date of Accident: _____	Time of Accident: _____ am/pm
Location of Accident: _____	

Did you see the accident? ____ Yes ____ No
Where were you in relation to the accident? _____
What job or task was being performed? _____
Was it obvious that the person involved was injured? ____ Yes ____ No ____ Not Applicable
Describe the type of injury: _____-or- ____ None indicated
Was the injured person using a tool or piece of machinery at the time? ____ Yes ____ No ____ N/A

Observations: (Describe; the sequence of events leading up to the accident, what you observed and/or heard, environmental conditions, what the individual was doing at the time of accident, and any/all additional information pertaining to your observations of the accident. )
_____
_____
_____
_____
_____
(Continue narrative or add diagram on back if needed)

The information I have provided in this statement is truthful and complete to the best of my knowledge.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date of Statement

\_\_\_\_\_  
Name (please print)

