

Construction Site Accident Witness Statement Form

Witness Information

Full Name

Contact Number

Address

Role/Position

Accident Details

Date of Accident

Time of Accident

Location of Accident

Describe What You Witnessed

In your opinion, what caused the accident?

What immediate actions were taken?

Were there other witnesses? If yes, provide names.

Additional Comments

Declaration



I declare that the above statement is true and accurate to the best of my knowledge.

Signature

Date