

Accident Witness Statement

Ports Petroleum Company, Inc.

1) Name of witness (first & last name):		
2) Primary contact number:		
3) Secondary contact number:		
4) Home address of witness:		
City:	State:	Zip:
5) Witness Employer:		
6) Were you involved in the accident (i.e. driver, passenger, etc.):		
7) Did you witness the accident:		
8) Location of witness (be specific):		
9) Name of individual involved in accident:		
10) Date of accident:		
11) Time of accident:		
12) Location of accident (Address, name of building, mile marker, etc.):		
13) Area of accident (bathroom, parking lot, etc.):		
14) Describe fully how the accident occurred (Including the events that occurred immediately before):		
15) Describe visual bodily injuries sustained (be specific about body part(s) affected):		
16) Name(s) of other witnesses & contact information:		
17) Signature of witness:		
18) Date:		