



NORTH CAROLINA WITNESS STATEMENT FORM

Instructions: Before providing the required information below, please note that you will have to certify the truthfulness of this information. You will also be required to acknowledge that you understand that in addition to being disciplined for providing false and/or misleading information, up to and including dismissal, you may also be subjected to additional criminal and/or civil liability. To help you write this statement, please include, if possible, the following information:

Type of Investigation:			
<input type="checkbox"/> Safety Incident	<input type="checkbox"/> Accident Review	<input type="checkbox"/> Near Hit	<input type="checkbox"/> Property Damage

Witness Information

Name:	Title:
Work Address:	Work Phone #:

Incident Information

Date of Incident:	Time of Incident:
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Location of Incident:

Do you have any pictures of the incident? Yes No
If yes, please attach them to this submission.

List the names of anyone present who observed or may have knowledge of the incident.

State what you know about the incident. Indicate who, what, where, and when. Be as specific as possible. If you need more space than what is provided here, create a Word document and attach it to this submission.

I hereby certify that the information I have provided is true and accurate. I acknowledge that any inaccurate or false statements may result in a delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

Witness Name:	Witness Title:
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Signature:	Date of Statement: / /
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