STATE OF HAWAII
WITNESS STATEMENT FORM

Incident Date: _____ Time: _____ Facility: _____

Persons Involved: _____

Equipment/vehicle involved? No _____ Yes _____ Describe: _____

_____

What happened? _____

_____

_____

_____

_____

_____

_____

_____

Why did it happen (prior events/causes)? _____

_____

_____

_____

_____

_____

Others who saw the accident (Name and phone number):

1. _____
2. _____

I certify that the above statements are true and correct to the best of my knowledge.

_____	_____	_____
Print Name	Department/ Association	Phone Number

_____	_____
Signature	Date