

**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