



# ATLANTIC CHARTER

INSURANCE COMPANY

25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

## WITNESS STATEMENT

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

### I. Witness Information

Name of Witness:	Position:
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#### Additional Information:

Date & time you became aware of incident ?

How did you become aware of the incident ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you see / hear?

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What injuries were mentioned at the time of the incident ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_