

## DEPARTMENT OF AVIATION ACCIDENT WITNESS STATEMENT

Name	Job Title
Telephone	Supervisor
Your Company or Division	
Location of Accident	Accident Date & Time
Fully describe accident sequence from start to finish (continue below under "Additional Comments", if necessary)	
[ ] continued >>	
Describe work and conditions in progress leading up to accident	
Note anything unusual you observed before or after accident	
What was your role in the accident sequence?	
What conditions influenced the accident (weather, lighting, equipment malfunctions, etc)?	
What caused the accident?	
How could the accident have been prevented?	
List other possible witnesses	
Additional comments or observations	
Signature	Date and Time