

Injured Worker: \_\_\_\_\_

Report Date: \_\_\_\_\_

Client Company: \_\_\_\_\_

Weather Conditions \_\_\_\_\_

Witness Name: \_\_\_\_\_

Date & Time of Accident \_\_\_\_\_

## Witness Statement-Accident Investigation

Nature of Accident: \_\_\_\_\_

### Witness Statement:

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### Possible Cause of Accident:

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To the best of my knowledge, the above statement is the truth, sworn by me on this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year).

**Fax to: 1-941-761-7706**

**Mail to:**

**Providence Property & Casualty  
4760 Preston Road Suite 244 PMB 351  
Frisco, TX 75034**

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

Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_