

NMCIA

3 a. WITNESS STATEMENT OF ACCIDENT

FORM IS TO BE COMPLETED BY THE INVOLVED WITNESS AND FORWARDED TO RISK MANAGEMENT WITHIN TWO (2) WORKING DAYS OF THE OCCURANCE.

Accident of: _____ Date of Accident: _____
(Name of person who had accident)

Name of Witness: _____ Employer: _____

Date of Statement: _____ Time of Statement: _____

Home Phone #: _____ Work Phone #: _____

Home Address: _____

Location of Accident: _____

Describe the accident or incident in your own words and just as you saw it happen:

Witness's Signature _____ Date _____

_____ Date _____