



Discovery Insurance Company

Witness Statement

Name of injured person: _____

Witness name: _____

Witness's address & telephone number: _____

Date of Accident: _____

Did you see the accident happen? _____

Describe the accident in detail. (What, where, how it happened.) _____

Did you observe the injured person experience pain? _____

If so, describe what part(s) of the body in which the injured person experienced pain? _____

Describe any verbal statements given by the injured person concerning the accident. _____

COMMENTS: _____

WITNESS SIGNATURE AND DATE