

CITY OF FAIRBANKS

WITNESS STATEMENT FORM

Instructions: Before providing the required information below, please note that you will have to certify the truthfulness of this information. To help you write this statement, please include, if possible, the following information.

TYPE OF INVESTIGATION:

☐ Safety Incident

☐ Accident Review

☐ Near Miss

☐ Property Damage

WITNESS INFORMATION:

Witness Name: (last, first, MI)

Position Title:

Work Address:

Contact Phone:

INCIDENT INFORMATION

Date of Incident:

Time of Incident:

AM

PM

Location of Incident:

Do you have any pictures of the incident? ☐ Yes ☐ No
If yes, please attach them to this submission.

List the names of anyone that was present who observed or may have knowledge of the incident:

State what you know about the incident. Indicate who, what, where and when. Be as specific as possible. If you need more space than what is provided here, create a Word document and attach it to this submission:

I hereby certify that the information I have provided is true and accurate. I acknowledge that any inaccurate or false statements may result in the delay in process of this claim. I further understand that this information may be used to determine whether the claim will be paid or denied.

Witness Name: (last, first, MI)

Witness Title:

Signature:

Date of Statement: