

Allegany College of Maryland

W I T N E S S

STATEMENT OF ACCIDENT/PROPERTY DAMAGE

Witness Name: _____ Phone: _____

Address: _____ Work Phone: _____

_____ DL#: _____

_____ SS#: _____

Did you see the accident? _____

Location of Accident/Loss, Date and Time:

Your location when accident occurred:

Who or what, in your opinion, was to blame and why? Describe the accident/loss, including events leading up to the accident (as detailed as possible, please use back of form if needed):

Was anyone else involved in the accident?

Date

Signature