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| --- | --- | --- | --- |
| **COLORADO DEPARTMENT OF TRANSPORTATION**WITNESS STATEMENT | | | |
|  | | | |
| ***\*Please Print or Type*** | | DATE: Click here to enter a date. | |
| Witness Name: Click here to enter text. | | | |
| Witness Title: Click here to enter text. | | | |
| Employer Name: Click here to enter text. | | | |
| Employer Address: Click here to enter text. | | | |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. | |
| Work Phone #: Click here to enter text. | Work E-mail: Click here to enter text. | | |
| Witness Home Address: Click here to enter text. | | | |
| City: Click here to enter text. | State: Click here to enter text. | ZIP Code: Click here to enter text. | |
| Home Phone #: Click here to enter text. | Home E-mail: Click here to enter text. | | |
| **INCIDENT Information** | | | |
| Name of Employee Involved: Click here to enter text. | | | |
| Date of Incident: Click here to enter text. | | | |
| Time of Incident: Click here to enter text. | | | |
| Address of Incident: Click here to enter text. | | | |
| **DESCRIBE WHAT YOU WITNESSED**  **(SEE page 2 for Additional InfoRmation)** | | | |
| Click here to enter text. | | | |
| **Signature** | | | |
| Witness Signature: | | | Date: Click here to enter a date. |
| Witness Name: Click here to enter text. | Witness Initials: | Incident Date: Click here to enter text. | |
| **DESCRIBE WHAT YOU WITNESSED**  **(CONT. FROM PAGE 1)** | | | |
| Click here to enter text. | | | |