|  |
| --- |
| **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. |