



# SCHOOL EMPLOYEES LOSS FUND (SELF)



## Witness Statement

District Name and Number: \_\_\_\_\_ Claim #: \_\_\_\_\_

Date of accident: \_\_\_\_\_ About what time? \_\_\_\_\_

Where did it happen? \_\_\_\_\_

Did you see it? \_\_\_\_\_ If not, how soon after did you arrive? \_\_\_\_\_

Where were you when accident occurred? \_\_\_\_\_

Was weather a factor? \_\_\_\_\_ If yes, describe conditions: \_\_\_\_\_

Condition of accident area \_\_\_\_\_

What precautions had been taken? \_\_\_\_\_

Did any defects contribute to the accident? \_\_\_\_\_

If yes, name and describe \_\_\_\_\_

Did the injured party(s) actions contribute to the accident? \_\_\_\_\_ If yes, how? \_\_\_\_\_

Name of injured \_\_\_\_\_

Give name and address of other witnesses \_\_\_\_\_

Describe how accident occurred? \_\_\_\_\_

Did you hear anyone admit fault? \_\_\_\_\_ Who? \_\_\_\_\_

In your opinion, who was to blame? \_\_\_\_\_

Why? \_\_\_\_\_

Are you a personal friend or relative of the injured party? \_\_\_\_\_ If yes, state relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_