

## Customer Accident Witness Statement

**Instructions:** Please print this form for ALL who witnessed the reported accident. You may also email it to witnesses. It should be completed for all accidents, regardless of how minor. Completed forms should be given/sent to the General Manager right away.

(GMs – Please review and then email to our insurance team at [AG.Banking@LongLewis.net](mailto:AG.Banking@LongLewis.net).)

Are you a Long-Lewis Employee? Yes <input type="checkbox"/> No <input type="checkbox"/>
Today's Date: _____ Date of Accident: _____
Your Name: _____
Your Phone #: _____
Your Mailing Address: _____
Location of Accident (City, State): _____
Name(s) of Person(s) Involved in Accident: _____
Where, exactly, did the accident happen?  
Where, exactly, were you when the accident happened?  
What, exactly, did you observe?             
Witness Signature: _____