



NORTH CAROLINA JUDICIAL BRANCH WITNESS STATEMENT FORM

Before providing the required information below, please understand you may have to certify the accuracy of this information. For assistance writing this statement, please include the following information:

Name: _____ Title: _____

Work Address: _____

Work Phone: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Do You Have Any Pictures of the Incident? If Yes, Please Attach to This Submission: _____

List Names of Anyone Present Who Visually Observed or May Have Knowledge of the Incident:

State What You Know About the Incident. Indicate Who, What, When, and Where. Be as Specific as Possible. If More Space Is Needed, Please Attach to This Submission:

I Hereby Certify That the Information Provided Is True and Accurate. I acknowledge That Any Inaccurate or False Statements May Result in a Delay with Process of This Claim. I Further Understand This Information May Be Used to Determine Claim Compensability.

Witness Name and Title: _____

Witness Signature: _____ Date: _____