



8722 S. Harrison St. Sandy, UT 84070  
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877-585-2849 • Fax 877-452-6909  
After Hours Claim Reporting: 877-243-8182  
[CDA@primeis.com](mailto:CDA@primeis.com)

**WITNESS AND/OR  
INJURED PERSON'S  
STATEMENT OF  
ACCIDENT**

Our insurance company asks us to collect witness statements pertaining to accidents so they may determine how these accidents occur. Please provide the information requested below as completely as possible. Thank you for your assistance in this very important matter.

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. Please describe events leading up to the accident.

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2. Please describe the accident

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3. Describe what happened after the accident took place.

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4. Can you think of any way this type of accident could be avoided in the future?

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5. Were sufficient warnings, instructions, and information provided?

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

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