

Florida Trail Association Witness Statement

*(Attach additional sheets if necessary)*

1. Did you see the accident?

2. When did the accident happen?

A. Time

B. Date

3. Where did the accident happen?

4. Tell, in your own way, how the accident happened.

5. Where were you when the accident occurred?

6. Was anyone injured, and if so, extent of injury known?

7. Describe the apparent damage to private property.

8. Describe the apparent damage to government property.

9. Please draw a diagram below of what happened at the worksite:

10. Name of witness completing this form

A. Signature of witness

B. Today's date

C. Witness' telephone number

Florida Trail Association Witness Statement  
*(Attach additional sheets if necessary)*

1. Did you see the accident?

2. When did the accident happen?

A. Time

B. Date

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3. Where did the accident happen?

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4. Tell, in your own way, how the accident happened.

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5. Where were you when the accident occurred?

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6. Was anyone injured, and if so, extent of injury known?

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7. Describe the apparent damage to private property.

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8. Describe the apparent damage to government property.

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9. Please draw a diagram below of what happened at the worksite:

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10. Name of witness completing this form

A. Signature of witness

B. Today's date

C. Witness' telephone number

Florida Trail Association Injured Party Statement

*(Attach additional sheets if necessary)*

1. Name of injured

2. When did the accident happen?

A. Time

B. Date

3. Where did the accident happen?

4. Tell, in your own way, how the accident happened.

5. Where were you when the accident occurred?

6. How were you injured, and if known, what is the extent of injury?

7. Describe the apparent damage to private property.

8. Describe the apparent damage to government property.

9. Please draw a diagram below of what happened at the worksite:

Signature of injured:

Date:

Email address (required):

Phone Number:

Mailing address:

Updated: July 2026