

**Eye witness Statement:**

Form 'C'

Serial No. 'C'

**Eye Witness Statement**  
**(Use one form only for each person)**

1. Name of eye-witness.....
2. Father's name / husband's name.....
3. Age.....
4. Occupation.....
5. Address.....
6. Carriage in which traveling at the time of accident .....
7. Particulars of ticket held  
 From.....To.....  
 Class.....Ticket No.....  
 Date.....
8. Time, date and place of accident  
 Time.....Date.....  
 Place.....
9. Description of accident.....

Place.....  
 Date.....

**Signature of eye-witness****Statement showing Class 'A.5' accidents for the month of .....20**

S.No.	Time and date of accident	Place of accident	Brief Particulars of accident
1	2	3	4

Cost of damage to engine, rolling stock, permanent way etc.	Cause of accident	Action taken against staff held responsible	Remarks
5	6	7	8