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| PASSENGER ACCIDENT - WITNESS’ STATEMENT |  |  |  |  |  | | | | | | | | Report No. (e.g. DIA/001/00/P)       /P |  |
| **PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS** |  |  |  |  |  |  |  | | | | | | | |
| Name of injured person | | | | | | | | | | | | | | |
| Full name of witness |  |  |  | | | | | | | | | | | |
| Crew No. /Cabin No. | | | | | | | | Date of Birth | Nationality | | | Rank/Rating/Occupation | | |
| Please state in your own handwriting and as accurately as you can :  - The date and time you observed the accident. | | | | | | | | | | | | | | |
| - Where the accident occurred. | | | | | | | | | | | | | | |
| - What occurred. | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | Date |  | | | |