|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CREW ACCIDENT – WITNESS’ STATEMENT | | | | | Report No. (e.g. DIA/001/00/C)       /C |
| **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 | | |