

*Alberta Elevating Devices and Amusement Rides Safety Association
Witness Statement Form for Incident and Accident Investigations*

Page ____ of ____

Please Print All Information

Name of Witness: _____

Permanent Address: Street: _____

City or Town: _____ Postal Code: _____

Phone Number: _____

Name of Employer (if relevant): _____

Name of Person in Charge: _____ Position: _____

Street: _____ City or Town: _____

Postal Code: _____ Phone Number: _____

Accident Location (Building or Site Name): _____

Street: _____ City or Town: _____

Type of Equipment: _____ AEDARSA I.D. Number: _____

STATEMENT BY WITNESS

Use Additional Forms if Required

Brief description of how the witness was involved (eg. victim, passenger, attendant, waiting in line, passing by etc.)

Description of Events (preferably starting with the first thing related to the accident unusual that was noticed or experienced)

(continued on next page)

The foregoing statement which I have given has been read over by me (to me). I understand the contents of this statement and I declare that it truly and correctly records the information given by me.

Signature of Witness: _____ Date: _____

Investigating Officers Name: _____ Accident File Number: _____

