

**Carroll County
Department of Fire and EMS**



Witness Statement

Today's Date: _____ Time: _____ Place: _____

Witness Information

Witness Name: _____

Address: _____

Phone: _____ Work Phone: _____

Job Title: _____ Hire Date: _____

Any Relationship to Parties Involved? _____

Statement (write in your own words):

I have read the above statement consisting of _____ pages and attest that it is a true and accurate account of the events.

Signature of Person Providing Statement: _____

Printed Witness' Supervisor Name

Witness' Supervisor Signature

Witnessed by: Printed Name

Witness Signature