

# Witness Statement Form



## Witness Information

Name and Grade \_\_\_\_\_  
Address \_\_\_\_\_  
City, State ZIP \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Parent or Guardian (If Applicable) \_\_\_\_\_

## SSO Information

SSO Number \_\_\_\_\_  
SSO Date \_\_\_\_\_  
Time \_\_\_\_\_  
Location \_\_\_\_\_  
Activity Safety Officer \_\_\_\_\_  
Activity Safety Officer Email \_\_\_\_\_  
Date of form completion \_\_\_\_\_

## What details should your statement include?

- Who:** List of CAP members and CAPIDs involved in the Safety Significant Occurrence (SSO), including persons affected, witnesses, pilot and all individuals onboard an aircraft, or driver and all passengers in a vehicle.
  - What:** What equipment, if any, was involved, including vehicle ID, aircraft tail number, and which wing is responsible for the equipment.
  - Where:** Where did the SSO occur? Airport identifier or cardinal direction and distance from nearest airport, intersection/highway and town/city, or physical addresses.
  - When:** Date/Approximate Local Time and Time Zone in which the event occurred.
  - Why:** Confirm whether operation was a CAP Air Force assigned mission or corporate mission (mission number and/or mission symbol), if applicable. Also, provide the specific name of the CSA, NCSA, NFA, or Encampment.
  - How:** A detailed description in sentence format of what happened. Please include any known damage or injuries, if applicable. Local or national media attention (if known)  
A brief synopsis of any significant mission impact to the CAP Region/Wing or operational mission.
  - Attachments:** Pictures, if available.
- Accuracy is crucial for future SSO prevention and safety initiatives.

## Witness Statement:

The voluntary statement I provided in this report is true and correct to the best of my knowledge and recollection.

\_\_\_\_\_  
**Witness signature:**

\_\_\_\_\_  
**Person interviewing witness:**

\_\_\_\_\_  
**Person interviewing witness - CAPID:**