OKLAHOMA
LP Gas Administration

LP-GAS INCIDENT/ACCIDENT
Voluntary Statement

PART A

1. FIRST & LAST NAME _____ DOB: _____ TEL NO. (____) _____
2. ADDRESS: _____ DL # _____
3. DATE: _____ DATE ACCIDENT OCCURRED: _____ TIME OF ACCIDENT: _____

PART B **Please provide your statement below. If you need additional room, please write on the back side of this form.**

PART C NAME OF THE PERSON SUBMITTING STATEMENT

I prepared this witness statement, and the data and facts stated herein are true and complete to the best of my knowledge. Additionally, I agree that this form may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature.

1. Printed Name _____
2. Signature _____
3. Name of LPG Officer who received this statement: _____