

# AFFIDAVIT

1. I, (insert name of witness), am over eighteen (18) years old.
- 1 a. My address is (insert address).
2. I am providing all the testimony herein under my own free will.
3. On or about (insert date of accident), I was with (insert name of person who tripped and fell), visiting a friend and I was at a condominium located (insert address of location where slip and fall happened).
4. We were on our way to exit the building via the door on the 2<sup>nd</sup> floor of Building B. I heard (insert name of person who tripped and fell) scream. I witnessed (insert injured person's name) hand trying to grab on to the inside of the door that leads to the stairwell which gives access to the parking garage. I witnessed (insert injured person's name) on the floor at the bottom of the staircase outside of the door. She was bleeding and she was in a lot of pain.
5. I noticed that there was a big drop between the door and the landing area outside of the door.
6. I have not been compensated in any way and have not been promised or induced in any way to execute this affidavit. I have even been given the opportunity to seek outside counsel to protect my own interests.
7. Additionally, after having read everything contained herein above and had the opportunity to make corrections, revisions, deletions, I affirm the foregoing.

x \_\_\_\_\_  
(insert name of witness)

Date: \_\_\_\_\_  
Month, Day, Year