



ACCIDENT WITNESS STATEMENT

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Phone #: _____
Last First Middle

Job title of witness: _____ Length of employment: _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of Accident: _____
Address/Name of building area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe in detail how the accident occurred. Include all events that occurred immediately before the accident:

Describe bodily injury sustained (be specific about body part(s) affected):

Please provide recommendation(s) on how to prevent this accident from recurring:

Name of Witness's Supervisor: _____ Phone #: _____
Last First

Signature of Witness: _____ E-Signed: _____ Date: _____