

Accident Witness Statement

(to be completed by witness to accident)

Injured employee's name: _____
Last First Middle

Name of witness: _____
Last First Middle

Home address of witness: _____

Employed by: _____ How long? _____

Job title of witness: _____ Phone #: _____

Location of accident: _____

Address/Name of building _____ Area (bathroom, etc.) _____

Date of accident: _____ Time of accident: _____ a.m. p.m.

Describe fully how accident occurred (including events that occurred immediately before the accident): _____

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

Recommendation on how to prevent this accident from recurring: _____

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

Signature of Witness: _____ Date: _____