



Accident Witness Statement

*To be completed by accident witness ONLY

Date of Incident: _____ Time of Incident: _____

Injured Employee's Name: _____

Name of Witness: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Job Title of Witness: _____ How long employed here: _____

Location of Accident (address): _____

Area (loading dock, bathroom): _____

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

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

Recommendation on how to prevent this accident from recurring: _____

Name of Supervisor: _____ Phone: _____

Signature of Witness: _____ Date: _____