

Accident Witness Statement

(To be completed by accident witness)

Injured Employee's Name
Last First Middle

Name of Witness
Last First Middle

Phone Number

Job Title Department Length of Employment

Witness Home Street Address City State/Zip

Location of Accident
Address/Building Name Area (Loading dock, restroom, classroom, etc.)

Date of Accident Time of Accident AM. PM.

Describe In Full Detail How Accident Occurred (including events that occurred immediately prior to accident)

Details:

Describe Bodily Injury Sustained (be specific about body part(s) affected)

Details:

Recommendations On How To Prevent This Accident From Recurring

Details:

Name of Witnesses Supervisor Supervisors Phone Number
Last First

Additional Comments Section

Comments:

Signature of Witness Today's Date