

Accident Witness Statement

(To be completed by accident witness)

Injured Employee's Name

Name of Witness

Phone Number

Length of Employment

State/Zip

Location of Accident

Address/Building Name

Area (Loading dock, restroom, classroom, etc.)

Date of Accident

Time of Accident

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