

# Accident Witness Statement

(To be completed by accident witness)

Injured Employee Name   
Last First Middle

Name of Witness  Phone Number   
Last First Middle

Job Title  Department

Witness Home Street Address  City

Date of Accident  Time of Accident   AM.  PM.

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

Detail:

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

Detail:

Recommendations On How To Prevent This Accident From Recurring

Detail:

Name of Witness Supervisor  Supervisor Phone Number   
Last First

Additional Comments Section

Comments:

Signature of Witness  Today's Date