

WITNESS ACCIDENT STATEMENT FORM

Injured Employee's Name: _____

Name of Witness: _____

Phone Number of Witness: _____ Email of Witness: _____

Job Title/Department of Witness: _____

Specific Location of Accident: _____

Date of Accident: _____ Time of Accident: _____

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:

Signature of Witness

Date Signed