

# Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: \_\_\_\_\_  
Last First Middle

Name of witness: \_\_\_\_\_ PH# \_\_\_\_\_  
Last First Middle

Job title of witness: \_\_\_\_\_

Home address of witness: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Location of accident: \_\_\_\_\_  
Address/Name of building Area (bathroom, etc.)

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_

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

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

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Recommendation on how to prevent this accident from reoccurring:

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Name of Witness's Supervisor: \_\_\_\_\_ PH# \_\_\_\_\_  
Last First

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_