



ACCIDENT WITNESS STATEMENT

Location of Accident: _____

Name of Employee in Accident: _____

Date of Accident: _____

Time of Accident: _____ AM/PM

Witness Name: _____

Witness Dept.: _____

Witness Statement *(describe fully how accident occurred)*:

Describe any injury sustained by the employee: *(be specific)*:

The above is factual to the best of my knowledge.

Witness Name *(Print)*

Signature

Date