

SAMPLE



INJURY/INCIDENT WITNESS STATEMENT

Witness Name:	Jane Doe	Date:	11/01/2022
Witness Phone Number:	208-123-4567	Witness' Supervisor:	James Jackson
Agency Name & Work Location:	ABC Agency, Capitol Building, 700 W. Jefferson Street, Boise, ID, 83720		
Accident Location:	Capitol Building		
Accident Date:	10/30/2022	Accident Time:	9:25 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
Name of Injured Worker:	Bob Smith		
Did you see an incident involving the above employee?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If you didn't see an incident, how did you learn about the incident?	N/A		
If you did see the incident, please describe what you saw. (Please include the names of any employees involved, indicate the sequence of events, task or activity the injured employee was engaged in and any tools or equipment being utilized). Use additional paper if needed.			
<p>I was walking up the stairs of the Capitol building, heading to a meeting. I was several steps behind Bob Smith, who was on his phone, when I saw Bob trip and fall striking his left knee on the stairs. Bob said ouch. I went over to help him up and asked if he was okay. Bob said he was fine and we proceeded to our meeting.</p>			

Witness Signature: James Jackson

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