INJURY/INCIDENT WITNESS STATEMENT

Witness Name:		**Date:**	
Witness Phone Number:		**Witness' Supervisor:**	
Agency Name & Work Location:			
Accident Location:			
Accident Date:		**Accident Time:**	☐ **AM** ☐ **PM**
Name of Injured Worker:			
Did you see an incident involving the above employee?	☐ **Yes** ☐ **No**		
If you didn't see an incident, how did you learn about the incident?			
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.			

Witness Signature: _____