Accident/Injury/Illness Witness Statement

Employee(s) Involved:_____

Accident Location:_____

Accident Date:_____ Time:_____ Statement Date:_____ Time:_____

Witness Name:_____ Telephone No.:_____

Witness Address:_____

To the witness - Briefly explain the accident in your own words. Your comments are important to help determine the causes of the accident and prevent future occurrences. Thank you.

Statement:

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I have written the above statement of my own free will and certify that it is true to the best of my knowledge.

Witness Signature:_____ Date:_____

Reviewed By:_____ Date:_____

Investigator Signature:_____ Date:_____