

Witness Statement Form

CONTACT INFORMATION

Name:	Employer:
Date of Incident:	Position:
Time of Incident:	Project:
Address:	
WITNESS STATEMENT	
Describe what you know about the accident – what you saw or heard, what you were doing before the accident, what you did after the accident(use other pages if necessary)	
OTHER WITNESSES	
Others with knowledge of the accident:	
Name:	Phone:
Name:	Phone:
Name:	Phone:
SIGNATURE	
This statement is true to the best of my knowledge and memory:	
Signature:	Date: