



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: _____