Accident/Incident Witness Statement

SECTION 1: DETAILS OF INCIDENT			
Injury ☐	Damage only ☐	Near miss / unsafe condition ☐	Other ☐
Date _____	Time _____	Location (i.e. Main Building, classroom, parking lot, etc)	

SECTION 2: WITNESS DETAILS
Full Name:
Home Address:
Telephone Number:

SECTION 3: STATEMENT
Please provide a detailed summary of your observation of the accident/incident (use additional pages if needed, ensuring that you sign and date each page):
Please describe any conditions which you believe caused or otherwise led to the incident/accident (i.e. unsafe working conditions, improper use of equipment, employee neglect, etc):

SECTION 4: DECLARATION	
I hereby certify that the above statement is true and correct to the best of my knowledge.	
Date:	Witness Signature: