IWIF

Accident Witness Statement

(For full interactive capability, use Internet Explorer. Otherwise, download the form, save it, then e-mail it as an attachment to esh@umbc.edu)

Submit Print

(To be completed by accident witness)

Injured Employee's Name: Last: First: Middle:

Name of Witnessess: Last: First: Middle: Phone #:

Job Title of Witness: How Long Employeed Here?

Home address of Witness:

City State: Zip Code:

Location of Accident: Area: (Loading Dock, bathroom, etc)

Address:

Date of Accident: Time of Accident:

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injuries sustainted (be specific about body parts affected):

Recommendations on how to prevent this accident from reccoring:

Name of Witness Supervisor:

Last: First: Middle: Phone #:

Signiture of Witness:

Date: