Attachment **[number]**

Accident Witness Statement Form

Name:	Job Title:
Telephone:	Supervisor:
Work Location:	
Location of Accident:	
Accident Time and Date:	
Please fully describe the accident sequence from start to finish (use additional paper as needed):	
Please fully describe the work and conditions in progress leading up to the accident (use additional paper as needed):	
Note anything unusual you observed before or during the accident (sights, sounds, odors, etc.) (use additional paper as needed):	
What was your role in the accident sequence? (use additional paper as needed)	

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What conditions influenced the accident (weather, time of day, equipment malfunctions, etc.)? (use additional paper as needed)
What do you think caused the accident? (use additional paper as needed)
How could the accident have been prevented? (use additional paper as needed)
Please list other possible witnesses (use additional paper as needed):
Additional comments/observations (use additional paper as needed):

Signature:	Date/Time:

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