HERZOG SAFETY REPORTS

Witness Statement Form

CONTACT INFORMATION

Name:_____ Employer:_____

Date:_____ Position:_____

Phone:_____ 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)

_____

_____

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_____

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:_____