WITNESS STATEMENT

Instructions: Complete this form in its entirety.

CONTACT INFORMATION	
Name: Phone #: Address:	*If our employee provide the following information:* Company: Location: Position:
STATEMENT	
Describe what you know about the accident- what you saw or heard, what you were doing before the incident, what you did after the incident.	
DOCUMENT PREPARERS INFORMATION	
Name: Signature: Date:	

Affixing your signature certifies this to be accurate and true to the best of your knowledge