

Company Name
WITNESS STATEMENT

Employee Name _____

Date of witnessing _____ 20 _____

Approximate time of accident _____ a.m. / p.m.

Did you see the accident? _____ yes _____ no

What did you see?

Where you just told about the accident? _____ By whom? _____

When were you told? _____ 20 _____ Approximate time _____ a.m. / p.m.

What were you told?

Do you know anything else about the accident? _____ yes _____ no

If so, what?

I have read my answers to the above, or have had them explained to my satisfaction, and this is my statement.

Signed _____ Print Name _____

Singed _____ Print Name _____

Manager / Supervisor

Date _____