

Incident Witness Statement Form

Instructions: This form should be completed by anyone who observed an incident that caused or could have caused a work-related injury. Statements will be used to identify the primary causes of the incident so that corrective actions can be identified to prevent future, similar injuries from occurring. The completed form should be provided to the incident investigator to be included with the *Incident Investigation Report*.

Injury Data

Injured Employee Name	University	Date of Accident	Today's Date
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What acts, failure to act, or conditions contributed to the accident?

Explain what you saw or heard

What type of injury occurred to the employee?

Additional comments and information

Verification

I verify that the statements listed above are my own and accurately describe what I observed or heard.

Name	Phone number or email address
Signature	Date