



**ACCIDENT – INCIDENT WITNESS STATEMENT**

Instructions: This form should be completed by any witness to an accident or incident.			
<b>Accident – Incident Data:</b>			
Accident – Incident Party Name:	EE/Student ID No.:	Date of Accident – Incident:	Today's Date:
What acts, failure to act, or conditions contributed to the accident/incident?:			
Explain what you saw:			
What type of injury occurred?:			
Additional comments and information:			
<b>WITNESS VERIFICATION</b>			
I verify that I witnessed the accident/incident as described above. The statements made were given by me freely, without coercion.			
Witness Name:		Phone number or email address:	
Witness Signature:		Date:	