



**WITNESS STATEMENT**

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

**I. Witness Information**

Name of Witness:	Position:
------------------	-----------

**Additional Information:**

Date & time you became aware of incident ?

How did you become aware of the incident ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What did you see / hear?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What injuries were mentioned at the time of the incident ?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_