



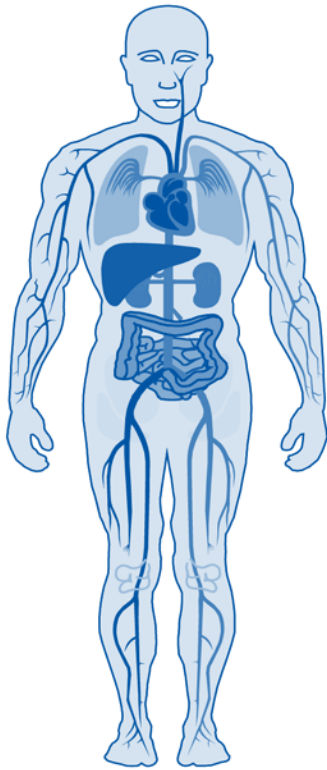
ACCIDENT INVESTIGATION WITNESS STATEMENT

1. Witness Name: _____
2. Injured Employee(s) Name(s): _____
3. Date of Injury: _____
4. Time of Injury: _____
5. Department or Location Where Incident Occurred: _____
6. Machine or Equipment Involved: _____
7. Describe Incident: (Include only what you actually saw, not secondhand information)

8. Where were you when incident occurred? _____
9. Were there any other witnesses? _____
10. Was lighting adequate in area? _____
11. Did housekeeping contribute to the incident? _____
12. Did equipment contribute to the incident? _____
13. Did you notice any unusual circumstances before, during or after the incident (examples power surge, strange odors or sounds)? _____
14. Describe the nature of the injury from what you observed? _____

15. Were you involved in the incident? _____
16. Were you injured in the incident? _____
17. What actions did you take as a result of this incident? _____

18. Who did you notify as a result of this incident? _____



Please circle or mark the areas of the body that you observed as injured.

To the best of your ability please sketch the incident scene in the space provided below.

A large grid area for sketching the incident scene. The grid consists of 20 columns and 30 rows of small squares.

I certify that all information contained in this statement is true to the best of my ability.

Signed: _____

Date: _____