



# WITNESS INCIDENT STATEMENT

To be completed by all witnesses and sent to the Safety Department.

*Must be submitted within 24 Hours*

## Incident Information

Witness Name: \_\_\_\_\_

Job Name: \_\_\_\_\_

Supervisor :

Place of Incident:

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ am \_\_\_\_\_ pm

## Incident Description

Describe what happened. Be specific and detailed.

[illegible]

The facts as I have stated them are true to the best of my knowledge.

	Print Name	Signature	Date:
<b>Employee</b>	_____	_____	_____