

ACCIDENT/INCIDENT WITNESS REPORTING FORM

Date of Accident/Incident: _____ **Time:** _____

Nature of Accident/Incident: _____

WITNESS IDENTIFICATION

Name: _____

Address: _____

Telephone: Home _____ **Work** _____

Employer: _____

Statement: (To be completed in witnesses own words giving as accurate and complete of a description as possible.) _____

Prepared By: _____ **Date:** _____

PLEASE FORWARD THIS FORM TO THE SAFETY OFFICER