



**ACCIDENT WITNESS REPORT**

**Employee Name:** \_\_\_\_\_

**Employee Address:** \_\_\_\_\_

**Work Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Shift Start Time:** \_\_\_\_\_

**Time of Accident:** \_\_\_\_\_ **A.M.** \_\_\_\_\_ **or P.M.** \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_

**Identify the Employee Involved in the Accident:** \_\_\_\_\_

**What were you doing when the accident occurred:** \_\_\_\_\_

\_\_\_\_\_

**Describe Exactly What Happened:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**List Any Other Witnesses:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**