

**STATEMENT OF WITNESS TO ACCIDENT**

**Employer: North Central State College**

**I. INCIDENT IDENTIFICATION INFORMATION**

Name of employee alleging incident _____	Shift _____
Occupation _____	Department _____

**II. WITNESS STATEMENT**

Your name has been given as a witness to an incident alleged by the above individual. Through your cooperation, information can be obtained to complete the investigation of this incident. Therefore, it will be appreciated if you will answer each of the following questions and promptly return your completed statement.

Your name \_\_\_\_\_ Your occupation \_\_\_\_\_

Your address \_\_\_\_\_ Your telephone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Did you see an accident involving the above employee?  Yes  No

If not, how did you learn about the accident? \_\_\_\_\_

If you did see an accident occur: Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_  am  pm

Describe what you saw: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your signature \_\_\_\_\_ Please print your name \_\_\_\_\_ Date \_\_\_\_\_

--