Accident Witness Statement

(Please Print – To be completed by Witness – Please return to Supervisor)

ACCIDENT INFORMATION		
Witness's Name:		Witness's Telephone No:
Location where accident occurred:		County Premises: ☐ Yes ☐ No Job Site: ☐ Yes ☐ No
Who was injured:	☐ Employee ☐ Non-Employee	Date of Accident: / / Time of Accident: _____ ☐ am ☐ pm

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

_____ _____

Witness's Signature Date