

WITNESS STATEMENT FORM

Name of Witness	Job Title	Location
Telephone Number(s)	E-Mail Address(es)	Home Address
Work: Cellular: Home:		
Accident/Incident Date	Time the witness arrived at the scene	Time the witness left the scene
1. Other persons the witness saw at the scene while the witness was there?		
2. Describe where the witness was located in relation to the incident/accident scene.		
3. Please describe what the witness saw, heard, felt and/or smelled during the incident or accident:		
4. Please fully describe the work and conditions in progress leading up to the event.		
5. Did the witness note anything unusual prior to or during the incident/accident? If yes, please describe what the witness noted and why the witness thinks it was unusual.		
6. What was the witness's role in the incident/accident sequence?		
7. What conditions influenced the incident/accident? (Weather, time of day, etc.).		
8. How did people influence the incident/accident? (Actions, emergency response, etc.)		

Print Witness Name: _____

Date: _____

Witness Signature: _____

Time: _____