

# ACCIDENT / INCIDENT REPORT WITNESS STATEMENT

JOB NUMBER \_\_\_\_\_

DATE \_\_\_\_\_ SHEET \_\_\_\_\_

JOB NAME \_\_\_\_\_

SUPERINTENDENT \_\_\_\_\_

**A. Witness Name And address**

Name \_\_\_\_\_

DATE \_\_\_\_\_ SHEET \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_

Work Phone \_\_\_\_\_

State ZIP \_\_\_\_\_

Employer \_\_\_\_\_

**B. Witness Description Of Accident / Incident**

Line	Time	Witness Statement
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

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

Date \_\_\_\_\_

Project Superintendent \_\_\_\_\_

Date \_\_\_\_\_