

Workplace Accident Witness Statement Template

This form is used to document the statement of a witness to a workplace accident. Please fill out all fields as accurately and objectively as possible.

1. Witness Personal Information

Full Name:

Job Title / Occupation:

Department / Division:

Phone Number:

Email Address:

2. Incident Overview

Date of Incident (MM/DD/YYYY):

Time of Incident (e.g., 10:30 AM):

Specific Location of Incident (e.g., Warehouse A, Aisle 3):

Name(s) of Injured Person(s) (if known):

3. Witness Statement Details

Where were you positioned relative to the accident? (Your exact location):

What were you doing immediately before the accident occurred?

Describe the events leading up to, during, and immediately after the accident:

Describe any machinery, tools, equipment, or materials involved:

What were the environmental conditions at the time? (e.g., wet floor, poor lighting, loud noise):

Were any safety protocols or equipment (PPE) bypassed or not used? (Please describe):

Identify any other witnesses who were present at the scene:

4. Statement Verification

I hereby declare that the information provided in this statement is true, accurate, and complete to the best of my knowledge and memory.

Witness Signature (Print Name to Sign):

Date of Statement (MM/DD/YYYY):