

Comp1One[®]
Accident Witness Statement

Name of injured employee: _____

Department: _____ **Job Title:** _____

Accident Location: _____
(Be specific – example: Outside 4th Floor Ladies Room)

Describe in detail how the accident occurred (use additional page if needed):

Part of body injured (Example: right index finger, left ankle, low back): _____

Was safety equipment provided? Yes ___ **No** ___ **N/A** ___

Was safety equipment used? Yes ___ **No** ___ **If no, explain:** _____

Recommendation on how to prevent this accident from recurring: _____

Witness Name (print): _____

Work phone: _____ **Cell phone:** _____

Email: _____

Witness Signature: _____ **Date:** _____