

INCIDENT WITNESS STATEMENT

WITNESS INFORMATION:	
Witness Name:	Affiliation:
Address:	Phone #:
INCIDENT INFORMATION:	
Date of Incident:	Incident Time: <input type="checkbox"/> AM or <input type="checkbox"/> PM
Incident Classifications (<i>check all that apply</i>):	
<input type="checkbox"/> Near Miss <input type="checkbox"/> Injury <input type="checkbox"/> Health Exposure <input type="checkbox"/> Fatality <input type="checkbox"/> Spill <input type="checkbox"/> Property Damage <input type="checkbox"/> Other:	
Location of Incident:	
Do you have any pictures of the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach them to this submission.	
List the names and contact information below for anyone present that also observed or may have knowledge of the incident.	
<p>State what you know about the incident below. Indicate who, what, when, and where. Include where you were in relation to the incident. Be as specific as possible. If you need more space than what is provided here, create a Word document and attach it to this submission.</p>	
I hereby certify that the information I have provided is true and accurate.	
Signature:	Date of Statement: / /