

WITNESS ACCOUNT OF INCIDENT

Name of Witness: _____ Job Title: _____

Name of your Supervisor: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name of Person (people) Involved in Incident: _____

Please explain, in detail, your accounts of what happened (ex: What lead up to the event, if anything, what caused it, what happened and any reason you believe it might have happened.):

Were there other people who witnessed the event? [] Yes [] No

If yes, please list the names of any person who might have seen anything, heard anything or participated in the incident and how?

By signing this sheet you here by testify that all accounts stated on this report are true, accurate, and complete to the best of your knowledge.

Signature: _____ Date: _____