**ACCIDENT/INJURY INVESTIGATION WITNESS STATEMENT**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Injured Employee Name | | | | | | | | Date of Injury |
| Witness Name | | | | | | | | Department |
| Were you in the area where the accident happened? Yes No | | | Where exactly did the accident happen? | | | | | |
| Was it obvious that the employee was hurt? Yes No | | What body part was hurt? (be specific) | | | | | | |
| Was the employee using a tool or piece of equipment when injured? Yes No | | If yes, please describe: | | | | | | |
| Have you ever heard the employee complain of a similar injury or illness? Yes No | | | | | | Have you ever heard the employee talk about an on-the-job injury before? Yes No | | |
| Are you aware of any personal accidents or other on-the-job injuries this employee has had? Yes No | | | | If yes, please describe in detail | | | | |
| Did the employee violate a known safety rule? Yes No | Do you know for a fact that the employee was aware of this rule? Yes No | | | | | | Do you know if the Manager/Director or anyone else has ever cautioned the employee about unsafe work habits? Yes No | |
| What do you think caused the accident? (See below) | | | | | | | | |
| Unguarded equipment | | | | | Non-employee | | | |
| Employee carelessness | | | | | Horseplay | | | |
| Deliberate violation of safety rule | | | | | Poorly maintained equipment | | | |
| Another employee | | | | | Pressure to work faster | | | |
| Please provide any additional details or comments you think are relevant | | | | | | | | |
| What do you think can be done to prevent a similar accident in the future? | | | | | | | | |

I have answered the above questions truthfully to the best of my knowledge

Sworn to me this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_.

**Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**