

Witness statement

Organization name: \_\_\_\_\_

Witness name: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of accident: \_\_\_\_\_

Time of accident: \_\_\_\_\_

Address and location of accident: \_\_\_\_\_

\_\_\_\_\_

**I saw the accident.** Please explain step-by-step how the accident occurred:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I did not see the accident occur** but can provide additional information about the scene and other factors and/or unusual conditions that may have led up to the accident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify possible causes for the accident and if/how it could have been avoided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, please draw a diagram of the accident.

**Witness signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement taken by (name of interviewer if applicable):** \_\_\_\_\_

*Please review and customize this sample document to reflect your organization's expectations. This is to be used as a supplement to and not in lieu of OSHA safety regulations and policies. Pinnacol Assurance assumes no responsibility for management or control of customer safety activities.*