

WITNESS STATEMENT FORM

1) Basic Information

Name of Witness: _____

Position/Title: _____

Name of Employer: _____

Date & Time of Incident: _____

Statement Date: _____

2) Statement and Observations of Facts

Where were you when the Incident Occurred?: _____

Describe what you saw, heard, smelled, felt or tasted **immediately before** the incident?

2) Statement and Observations Continued

Describe what you saw, heard, smelled, felt or tasted **during** the incident?

Describe what you saw, heard, smelled, felt or tasted **immediately after** the incident?

3) Other Comments About the Incident?
