

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?**

---

---

---

---

---

---

---

---