



Alltech Engineering Corp

ACCIDENT / INJURY - WITNESS STATEMENT

Company Name _____

Name of Involved Employee _____ Date of Incident _____

Name of Witness _____ Phone # _____

Were you in the area where accident happened?

☐ YES ☐ NO

Where exactly did the accident happen? _____

Did you see the accident happen? _____

What exactly did happen? _____

Who was at the scene of the incident or accident? _____

Who was the first on the scene? _____

Did the accident/incident involve a motorized vehicle?

☐ YES ☐ NO

Please state type of equipment _____

Was the equipment damaged or did it damage jobsite property?

☐ YES ☐ NO

What was damaged (be specific) _____

Was it obvious that the employee was hurt?

☐ YES ☐ NO

What part of body was injured (be specific) ? _____

Was the employee using a tool or piece of machinery when injured?

☐ YES ☐ NO

Please describe _____

Have you ever heard employee complain of similar injury or illness?

☐ YES ☐ NO

Have you ever heard employee talk about on-the-job injury before?

☐ YES ☐ NO

Are you aware of any other accidents that this employee has had?

☐ YES ☐ NO

If so, describe _____

To the best of my knowledge the above questions are answered truthfully,

Sworn to me this ____ day of _____ 20 ____.

Witness Signature

Supervisor Name

Date