Witness Statement

Injury/Non Injury Accident and/or Exposure
Witness Report Form

Name of witness_____ Date_____

Name of injured/or apparatus license number_____

Time of incident_____ Date of Incident_____

Location where incident occurred _____

Summarize what happened_____

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What could have been done to avoid this incident? _____

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Witness Signature _____ Date _____

THIS FORM IS TO BE RETURNED TO THE SAFETY OFFICER WITHIN 48 HOURS OF THE INCIDENT.

Signature of person receiving report_____ Date_____

Incident Command Signature_____Date_____

Safety Officer Signature_____Date_____