

# Accident Witness Statement (non-employee)

*(To be completed if a non-employee of the College)*

Injured Person's name: \_\_\_\_\_  
Last First Middle

Name of Witness: \_\_\_\_\_  
Last First Middle

Home address of witness: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Location of accident: \_\_\_\_\_  
Address and Area (loading dock, bathroom, etc.)

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

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected):

Recommendation on how to prevent this accident from recurring:

Signature of witness: \_\_\_\_\_ Date: \_\_\_\_\_