

Statement of Witness to Accident

INCIDENT IDENTIFICATION INFORMATION

Name of employee alleging incident::

WITNESS STATEMENT

Your name has been given as a witness to an incident alleged by the above individual. Through your cooperation, information can be obtained to complete the investigation of this incident. Therefore, it will be appreciated if you will answer each of the following questions and promptly return your completed statement.

Your Name:		Telephone Number:	
Did you see an accident involving the above employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, how did you learn about the accident?			
If you did see an accident occur:	Date of Accident:	Time of Accident	<input type="checkbox"/> AM <input type="checkbox"/> PM
Describe what you saw:			
Your Signature:	Date:		
Please Print Your Name:			
State of Ohio			
County of: _____			
Before me, a Notary Public in and for said state, personally appeared the above named who acknowledged before me that he/she did sign the foregoing instrument and that the same is his/her free act and deed.			
In testimony whereof, I have hereunto affixed my name and official seal at _____, Ohio this			
_____ day of _____, 20__.			
(SEAL)	(signed) _____		
	Name (printed or typed) _____		
	Notary Public, State of Ohio		
	My Commission Expires _____ (date)		