

**STATEMENT OF WITNESS TO ACCIDENT**

Please send completed form to  
workplaceinjury@csc.edu

Employer:

**I. INCIDENT IDENTIFICATION INFORMATION**

Name of employee alleging incident \_\_\_\_\_ Shift \_\_\_\_\_  
Occupation \_\_\_\_\_ Department \_\_\_\_\_

**II. 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 \_\_\_\_\_ Your occupation \_\_\_\_\_

Your address \_\_\_\_\_ Your telephone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Did you see an accident involving the above employee?  Yes  No  
If not, how did you learn about the accident? \_\_\_\_\_

If you did see an accident occur: Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ am pm

Describe what you saw: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your signature Please print your name Date

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 \_\_\_\_\_, 19\_\_\_\_\_.

(SEAL) (signed) \_\_\_\_\_

Name (printed or typed) \_\_\_\_\_

Notary Public, State of Ohio  
My Commission Expires \_\_\_\_\_ (date)

CompManagement, Inc.