

# DePauw University

## Workplace Accident/Incident Investigation

### Statement by Witness

*(Please Print or Write Legibly)*

Name of Employee: \_\_\_\_\_

Name of the Injured Employee: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_\_ Time of Accident/Incident: \_\_\_\_\_

Location of Accident/Incident: \_\_\_\_\_

What Were You Doing at the Time of the Accident/Incident? \_\_\_\_\_

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Other Witness(es)?: \_\_\_\_\_

Others with Relevant Knowledge?: \_\_\_\_\_

In an effort to make our workplace accident-free, we would like your assistance in trying to prevent a similar accident/incident from occurring again. Could anything have been done to prevent this accident (additional training, different equipment, protective devices, etc.)?

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Any other comments, observations or suggestions that you can provide?

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Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_