

STATEMENT OF WITNESS TO ACCIDENT

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)