

## POTH ISD ACCIDENT/INCIDENT REPORT (WITNESS)

**PRINT** all information on this form. This form is to be completed by ANY WITNESS to an employee injury. This form should be completed **INDEPENDENTLY**, with no conversation between the witness and the employee. This form is **TIME SENSITIVE**. If possible this form should be completed the same day that the incident occurs, **NO LATER** than 24 hours after the incident.

### WITNESS REPORT TO INCIDENT

Name of Witness: \_\_\_\_\_

Name of Injured Employee: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Date of incident: \_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am/pm Day of the Week: \_\_\_\_\_

Detailed description of incident (In your OWN words): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Body Part(s) Injured: \_\_\_\_\_

Description of injury: \_\_\_\_\_

Did the employee do anything or fail to do anything that contributed to the injury? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

In your opinion, how could this injury have been prevented? \_\_\_\_\_

\_\_\_\_\_

List any other witnesses that were present at the time of the incident: \_\_\_\_\_

**I hereby certify that the above information is true and correct to the best of my knowledge. Upon request, I will provide further information about this incident.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Phone Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
District Supervisor Name (If applicable)

\_\_\_\_\_  
District Supervisor Signature

\_\_\_\_\_  
Date