



*Risk Management*

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

Position/Occupation: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Injured Employee Name: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

**DESCRIPTION OF INCIDENT**

Did you actually see the incident occur? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

\_\_\_\_\_

**DESCRIPTION OF INJURY**

What part of the body was injured? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge.

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

\_\_\_\_\_  
Date

Original – Risk Management

Copy – School/Department