Sample Accident Investigation Witness Statement

Name _______________________  Position __________________  Date ________
Worksite ______________________  Accident Date _________  Time _________

Thank you for helping us analyze this incident so that we can help prevent someone from getting hurt or sick in the future. Accuracy if very important in helping us get to the root cause of this incident.

Please describe what you saw and heard in chronological order.

What were you doing just before the incident?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What were you doing when the incident occurred?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What did you do after the incident occurred?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please answer the following questions:

What was the condition of the tools, equipment, machinery and materials involved in the incident?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What was the work environment like? Was it very hot or cold, wet, slippery, windy, etc.?


What was the type and condition of the Personal Protective Equipment (PPE) being used by the injured person when the incident occurred?


What was the instruction or training you and others received like on the task being performed when the incident occurred? Please describe the training you received.


What was the direction of travel, fall, or final resting place of the vehicle or equipment and individual involved in the accident (draw a diagram, if appropriate.)


Who else witnessed or heard the incident?


How do you think we can prevent this incident in the future?


I certify that statement is true and accurate to the best of my recollection.

_________________________    _____________________
Signature        Date