

WITNESS/INJURED PERSON STATEMENT

Washington State University

This statement is provided by: Witness Injured Person

See SPPM 2.26.

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| NAME OF WITNESS | NAME OF INJURED PERSON | HOME TELEPHONE |
| DEPARTMENT | | WORK TELEPHONE |
| INCIDENT DATE | INCIDENT TIME | INCIDENT LOCATION |
| DESCRIBE WHERE YOU WERE AT THE TIME OF THE INCIDENT | | |
| DESCRIBE THE GENERAL WORK OR ACTIVITY BEING PERFORMED | | |
| DESCRIBE THE SPECIFIC EVENTS THAT HAPPENED JUST PRIOR TO THE EVENT | | |
| DESCRIBE THE INCIDENT (Include specific work/activity involved; tools and equipment used; the use or nonuse of personal protective equipment; written and/or oral rules; any verbal statements made; general site conditions, e.g., lighting, noise, unusual odors, housekeeping, weather.) NOTE: Add any additional pages if necessary for additional description or drawings. | | |
| DESCRIBE THE INJURY/ILLNESS (Specify body parts and injury/illness type.) | | |

I have read and had the opportunity to correct this statement consisting of _____ pages.

This statement is true and correct to the best of my knowledge and belief.

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| SIGNATURE OF WITNESS OR INJURED PERSON | DATE |
|--|------|