

WITNESS/INJURED PERSON STATEMENT

Washington State University

This statement is provided by: Witness Injured Person

See SPPM 2.26.

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.

SIGNATURE OF WITNESS OR INJURED PERSON	DATE
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