

**WITNESS/INJURED PERSON STATEMENT**

**Washington State University**

This statement is provided by:  Witness  Injured Person

See S25.25.

NAME OF WITNESS/INJURED PERSON		DEPARTMENT	WORK TELEPHONE
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INCIDENT DATE	INCIDENT TIME	INCIDENT LOCATION	HOME TELEPHONE
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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/oral rules; any verbal statements made; general site conditions, e.g., lighting, noise, unusual odors, housekeeping, weather.

Add additional pages if necessary for additional space 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/INJURED PERSON	DATE
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