|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Craft |  | Level: |  |
| Work Area: |  | Supervisor: |  |
| Incident: |  |

**Details**

|  |  |
| --- | --- |
| Did you personally witness the injury? | [ ]  Yes [ ]  No |
| *If NO, skip to the bottom, sign/date, and return.* |
|  |
| Who else was in the immediate area? |
|  |
|  |
| What did you see/hear/observe? |
|  |
|  |
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|  |
|  |
|  |
|  |
|  |
|  |
| Please provide a sketch of what you remember seeing on the back of this form. |
|  |
| Did you wish to remain anonymous? | [ ]  Yes [ ]  No |

**Statement:** I certify that these facts are true and correct to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature of Witness** |  | **Date of Report** |

*Provide any additional details on the back of this form or on an attached sheet of paper.*