|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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? | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |
| 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.*