Accident Investigation Forms: **Accident Witness Statement**

To be completed by the accident witness. This form may be copied as needed.
Submit this form to WorkersCompensation@utdallas.edu.

Injured employee's name: _____

Name of witness: _____
Phone number of witness: _____
Job title of witness: _____
How long witness employed at UT Dallas: _____

Home address of witness: _____
City: _____
State: _____
ZIP Code: _____

Location of accident: _____
(loading dock, bathroom, etc…)

Date of accident: _____
Time of accident: _____
Weather Conditions: _____

Describe fully how accident occurred (including events that occurred immediately before the accident):

_____

Please indicate specifically which part(s) of the body were injured:

_____

Recommendation on how to prevent this accident from recurring:

_____

_____ _____
Supervisor's name Phone Number

_____ _____
Witness signature Date

The University of Texas at Dallas
Environmental Health and Safety (EH&S)
800 W Campbell Rd, SG 10
Richardson, TX 75080-3021

Please report injuries to **EH&S** as soon as possible.
After reports are received, injured employees will be contacted regarding the management of their injuries.
Questions? Call 972.883.4111.

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