

WITNESS:ACCIDENT/INCIDENT STATEMENT FORM

1. Full name and address of Witness	
2. Daytime contact number of witness (mobile number also if possible)	
3. Job title of employee (If non employee please specify)	
4. Please confirm date and time of accident/incident	
5. Name of injured person(if known)	
6. Where did the incident occur (location)?	
7. Do you know the person involved in the accident/incident? (If yes please answer questions 8 and 9 if not move to question 10)	
8. How long have you known the person involved in the accident/incident?	
9. In what capacity do you know them?	

<p>10. Please detail what you witnessed, please include what happened, if there was anyone else involved, other witnesses, weather, surface conditions etc?</p>			
<p>11. Can you confirm what you were doing at time of accident/incident?</p>			
<p>12. What action did you take (if any)?</p>			
<p>13. Do you believe anything could be done to prevent a similar accident/incident occurring in the future?</p>			
<p>14. Please detail any other information you feel may be relevant.</p>			
<p>Name (please print)</p>		<p>Signature</p>	<p>Date</p>

When completed, attach as a supporting document on the 'online' accident recording system OR if you have completed a hard copy accident/incident report form please return this completed form to: Accident Reporting, Health, Safety and Wellbeing Service, Warwickshire County Council, Shire Hall, Warwick CV34 4RL (by post in a sealed envelope marked private & confidential) or email accidentreport@warwickshire.gov.uk (from a secure email address only. Any queries please ring Tel No: 01926 476803)

DO NOT FAX THIS DOCUMENT AS CONFIDENTIALITY CANNOT BE GUARANTEED.