

SECTION I: WITNESS INFORMATION

Last Name

First Name

Middle Initial

Position

Department

Date**SECTION II: INJURED EMPLOYEE INFORMATION**

Last Name

First Name**SECTION III: ACCIDENT INFORMATION**

DATE OF ACCIDENT

TIME OF INCIDENT

LOCATION

What were you (the witness) doing at the time of the incident?

How and when did you become aware of the incident?

What did you hear at the time of the incident?

Describe what you saw at the time of the incident?

Who else was present?

Please provide any additional information you have pertaining to the incident.

I attest that this information is accurate to the best of my recollection.

Witness – Print Name

Witness Signature**NEXT STEPS**

Please complete and return to the office of Human Resources via email at hr@buffalostate.edu, or fax at 716-878-3068.