MT. SAC
Mt. San Antonio College
Safety & Risk Management

# INJURY/INCIDENT WITNESS STATEMENT

**Instructions**: This form should be completed by the witness to an incident that results in injury or illness. Once complete please return this form to the Risk Management Department in Building 4 Room 2555



## To be completed by incident witness

| | | | | | |
|---|---|---|---|---|---|
| Injured employee First Name | | Injured employee Last Name | | | |
| Witness First Name | | Witness Last Name | | | |
| Witness Home address: | | | | Tel # | |
| City | | State | | Zip Code | |
| Witness Job Title | | Witness Department | | | |
| Witness Supervisor Name | | | | Supervisor Tel # | |

| **Employment Type** | **Employment Category** | **Length of Employment** |
|---|---|---|
| ❑ Faculty<br>❑ Staff<br>❑ Student<br>❑ Contractor<br>❑ Others_____ | ❑ Regular full time<br>❑ Regular part time<br>❑ Seasonal<br>❑ Temporary | ❑ 1-6 mos.<br>❑ 6 mos. – 1 yr.<br>❑ 1 yr. – 5 yrs.<br>❑ 5 yrs. (or more) |

## Describe the incident

| | | | | | |
|---|---|---|---|---|---|
| Date of Incident | | Time of the incident | | Shift | ❑ 1st ❑ 2nd ❑ 3rd |
| Location of the Incident (Address) | | Specific Location of the incident (e.g office, mechanical room, shop) | | | |
| Did the incident involve property damage? | ❑ Yes ❑ No | Was a motor vehicle involved in this incident? | | ❑ Yes ❑ No | |

**Affected body Part:**

❑ Head/face ❑ Eye ❑ Neck/shoulder ❑ Arms/elbow ❑ Right Hand ❑ Left Hand ❑ Wrist/Head ❑ Rib
❑ Fingers ❑ Chest/lower trunk ❑ Hip ❑ Back ❑ Leg/knee ❑ Foot/ankle ❑ Toes
❑ Other _____

Describe, step-by-step, how the incident occurred:

| | | | |
|---|---|---|---|
| Witness Signature | | Date | |