



UTP ACCIDENT/INJURY REPORT

ACCIDENT/INJURY WITNESS STATEMENT

Name:

Telephone:

Incident Date:

Email:

WHERE WERE YOU AT THE TIME OF THE ACCIDENT/INJURY?

WHAT WERE YOU DOING THE TIME OF THE ACCIDENT/INJURY?

PLEASE DESCRIBE EVERYTHING THAT YOU SAW AND DID IN DETAIL ABOUT THIS INCIDENT:

I do hereby certify that the above statement is a true and accurate account of what I observed in relation to the aforementioned Accident/Injury.

SIGNATURE:

DATE: