

Accident and Incident Report

Witness

Employee First Name		Employee Last Name	
Date of Accident	Time of Accident	Location of Accident	

Explain the accident and what you witnessed. How did the accident occur? What activity was the employee engaged in when the accident occurred? Describe your actions before, during, and after the accident occurred. Please be specific and provide as many details as possible.

Please provide any additional comments, details and information about the accident.

If you recall any additional details or information related to the accident after submitting this form, please contact the Office of Human Resources at (603) 897-8717.

Witness Name	Witness Title	Witness Phone Number
Witness Signature	Date	