

# WITNESS STATEMENT OF ACCIDENT/INCIDENT

Event No.: \_\_\_\_\_  
Claim No.: \_\_\_\_\_

**Witness Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
SMU Affiliation:  Staff  Faculty  Student  Non-SMU Home Phone: (\_\_\_\_) \_\_\_\_\_  
Work Phone: (\_\_\_\_) \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Incident Statement:**

You have been identified as a witness to an accident/incident involving \_\_\_\_\_ that was reported to  
(Employee's Name)  
have occurred on \_\_\_\_\_. Please respond to the following question as accurately as possible.  
(Date of Accident/Incident)

- Did you actually witness the accident/incident referenced above?  Yes  No

If "Yes", provide a detailed summary of your observation of the accident/incident (use additional pages if needed): \_\_\_\_\_  
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I hereby certify that the above statement is true and correct. Furthermore, I have made this statement of my own free will without any prompting, urging, or influence from any other person.

\_\_\_\_\_  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
**Print Name**

***Return this form to SMU – Office of Risk Management/EH&S, P.O. Box 750231, Dallas, TX 75275-0231***