Witness Statement of Accident/Incident

SMU Office of Risk Management
214.768.2807 · fax: 214.768.4138

RISK RESPONSE
SMU RISK MANAGEMENT
www.smu.edu/riskmgmt

Witness Information

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip:_____

SSN: _____

Home Phone: _____

Work Phone: _____

SMU Affiliation

☐ Faculty ☐ Staff ☐ Student ☐ Non-SMU

Accident/Incident Statement

You have been identified as a witness to an incident involving _____ (employee name) reported to occur on _____ (date of incident). Please respond to the following questions as accurately as possible.

Did you actually witness the incident referred above? ☐ Yes ☐ No

If "yes", provide a detailed summary of your observation of the incident (use additional pages if needed):

I hereby certify that the above statement is true and correct. I have made the statement of my own free will without any prompting, urging or influence from any other person.

Signature _____ Printed Name _____ Date _____

Please return this form to the Office of Risk Management, PO Box 750231, Dallas, Texas 75275-0231.

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