CITY OF KENTON

STATEMENT OF WITNESS TO ACCIDENT

I. INCIDENT INDENTIFICATION INFORMATION

Name of employee alleging incident: _____ Shift: _____

Title/Position: _____ Department: _____

II. WITNESS STATEMENT

Your name has been given as a witness to an incident alleged by the above individual. Through your cooperation, information can be obtained to complete the investigation of this incident. Therefore, it will be appreciated if you will answer each of the following questions and promptly return your completed statement.

Your Name: _____ Your Title/Position: _____

Your Address: _____ Your Phone Number: ( ) _____

_____

Did you see an accident involving the above employee: ☐ Yes ☐ No

If not, how did you learn about the accident? _____

_____

If you did see an accident occur?: Date of accident: _____

Time of accident: _____ ☐ am ☐ pm

Describe what you saw: _____

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09/28/2020

Your Signature **Please Print Your Name** **Date**