



Division of Administration and Finance
Planning + Design + Construction
PO Box 210186
Cincinnati, Ohio 45221-0186

WITNESS STATEMENT

Name: _____

Title: _____

Social Security Number: _____

Date: _____ Time: _____

Employer: _____

Address: _____

Phone No.: _____

Location at Time of Accident / Incident:

Describe to the best of your knowledge what happened before, during, and after the accident:

Signature

Attach to Accident / Incident Report

cc: UC Environmental Health & Safety
File 0031A