

Accident Witness Statement
(To be completed by accident witness)

Employer: University of Maryland		
Employee: (First)		(Last)
Location of accident	Building:	Area (hallway, etc.):
Date of accident:	Time of accident:	
Describe fully how accident occurred:		
Describe bodily injury sustained (be specific about part(s) of body affected):		
Name of witness: (First)		(Last)
Witness Phone:		
Signature of witness:		Date:

Fax Immediately to: Angela Boxley, EHS, (410) 706-8212
Revised: 06/05