



Stanislaus County
CEO-Risk Management Division
1010 10th Street, Suite 5900, Modesto, CA 95354
Phone: 525-5710 Fax: 525-5779
Fax immediately and Forward Original within 24 hours

Witness Statement

Date of Accident or Illness: _____ Time: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location: _____ Dept. _____
Injured Employee's Full Name:
Equipment Involved:
Please describe in detail, what you witnessed:
Please describe the acts or conditions that may have caused this incident to occur:
Do you think this accident could have been avoided? If so, how?
Witness: I, _____, certify that the above statements are true and correct to the best of my knowledge.
Signature: _____ Date: _____
Witness Home No# _____ Witness Work No# _____