

ACCIDENT, INJURY OR ILLNESS – WITNESS STATEMENT

Date of Incident: _____ **Time:** _____ a.m. p.m.

Location of Incident: _____

Witness Information:

Lname	Fname	MI

☐ Student ☐ Faculty ☐ Staff ☐ Vendor/Contractor ☐ Visitor/Guest

Student ID or Employee ID: _____

Street Address: _____

Apt. / Unit No.: _____

City _____ State _____ Zip _____

Telephone: _____ **Work/Cell Phone:** _____

Describe incident in your own words: _____

Describe/Identify anyone else or anything involved:_____

Any other comments: _____

Completed by: _____

Print Name _____ Signature _____ Date _____

Please return this form to: **Safety, Health & Sustainability**
California State University San
Marcos San Marcos, CA 92096-0001