

ACCIDENT, INJURY OR ILLNESS – WITNESS STATEMENT
CONFIDENTIAL STATEMENT

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

Location of Incident: _____

Witness Information: _____				
Lname		Fname		MI
<input type="checkbox"/> Student	<input type="checkbox"/> Faculty	<input type="checkbox"/> Staff	<input type="checkbox"/> Vendor/Contractor	<input type="checkbox"/> Visitor/Guest
Student ID or Employee SSN: _____				
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
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Please return this form to: **Safety, Risk & Sustainability**
California State University San Marcos
San Marcos, CA 92096-0001