

**Accident Witness Statement**  
(To be completed by accident witness)

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

**Fax/ Email immediately to (410) 706-0954/ [UMBRiskManagement@umaryland.edu](mailto:UMBRiskManagement@umaryland.edu)**