



Oregon Institute of Technology

WITNESS FORM

Office of Risk Management – Klamath Falls
3201 Campus Drive, Snell Hall 204
Klamath Falls, OR 97601
Phone: 541-885-1133

Office of Risk Management – Wilsonville
27500 SW Parkway Ave
Wilsonville, OR 97070
Phone: 503-821-1277

Instructions: To be completed **WITHIN 24 HOURS** of an accident, incident or condition and returned to Risk Management at one of the above addresses or email to RiskManagement@oit.edu. This Incident Report **is not** to be used for employee work-related accidents, incidents or conditions. **Complete ALL sections**, do not leave any blanks. Attach additional sheets if necessary to describe this incident.

Name of Witness		Job Title/Employer	
Telephone Number(s)		E-Mail Address(es)	
Work: Cellular:			
Accident/Incident Date	Time the witness arrived at the scene	Time the witness left the scene	
1. Other persons the witness saw at the scene while the witness was there?			
2. Describe where the witness was located in relation to the incident/accident scene.			
3. Please describe what the witness saw, heard, felt and/or smelled during the incident or accident:			
4. Please fully describe the work and conditions in progress leading up to the event.			
5. Did the witness note anything unusual prior to or during the incident/accident? If yes, please describe what the witness noted and why the witness thinks it was unusual.			
6. What was the witness's role in the incident/accident sequence?			

7. What conditions influenced the incident/accident? (Weather, time of day, etc.).
8. How did people influence the incident/accident? (Actions, emergency response, etc.)
9. How does the witness think the incident/accident could have been prevented?
10. Additional comments/observations:

Witness Signature: _____

Date: _____

Return Form to: Risk Management: RiskManagement@oit.edu