Montgomery County Government
1 Millennium Plaza, Suite 111
Clarksville, TN 37040
Phone: 931-648-5715

ACCIDENT/INCIDENT REPORT

WITNESS STATEMENT

Witness Name: _____Date: _____

Department:_____

Home Address:_____

Home Phone No.: _____

Injured Employee's Name _____

Date of Accident: _____

Witness Statement as to how the accident occurred including precisely what he/she observed and did:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Witness Signature _____

Yellow – Supervisor Blue – Employee Green - Witness