

UMBI Accident Witness Statement

(To be completed by accident witness AND faxed immediately to UMBI HR at (410) 385-6345)

Employer: **University of Maryland Biotechnology Institute**

Injured employee: _____
Last First Middle

Name of Witness: _____
Last First Phone#

Job Title of Witness: _____ UMBI Unit: _____

Location of accident: _____
Bldg Address Area (hallway, etc.)

Date of accident: _____ Time of accident: _____ AM _____ PM

Describe fully how accident occurred:

Describe bodily injury sustained (be specific about part(s) of body affected):

Recommendation on how to prevent this accident from recurring:

Name of witness's Supervisor: _____
Last First

Supervisor's Work Phone: _____

Signature of witness: _____ Date: _____