



# THE WIELAND-DAVCO CORPORATION

4162 English Oak Drive, Lansing, MI 48911  
Phone: 517-372-8650 Fax: 517-372-8961

## WITNESS ACCOUNT OF INJURY/ACCIDENT

### I. INJURED EMPLOYEE'S DATA:

1. SOCIAL SECURITY NUMBER	2. EMPLOYEE NAME (LAST, FIRST, MI)	3. JOB POSITION/TITLE
4. DATE OF INJURY	5. EMPLOYER NAME	6. EMPLOYER SAFETY OFFICER'S NAME

### II. WITNESS DATA:

7. WITNESS NAME	8. AGE	9. DATE INTERVIEW CONDUCTED
10. POSITION	11. YEARS IN POSITION	12. TOTAL YEARS EXPERIENCE
13. TRAINED / TRAINING:		
14. EMPLOYER:		
15. DESCRIBE LOCATION OF WITNESS DURING INCIDENT:		
16. DESCRIPTION OF INCIDENT BY WITNESS:		
17. DESCRIPTION OF WEATHER CONDITIONS:		
18. WITNESS' SIGNATURE	19. DATE SIGNED	20. TELEPHONE NUMBER

### III. PREPARER DATA:

21. PREPARER'S NAME	22. PREPARER'S TITLE
23. TELEPHONE NUMBER	24. DATE PREPARED

cc: Rob Krueger, VP Operations  
Project Manager  
Maureen Devota, Controller  
Rhonda Every, Executive Assistant

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Preparer's Signature  
The Wieland-Davco Corporation