This form is internally created for State of Nebraska Human Resources Shared Services ("HRSS") and is intended for HRSS Customer Agencies only. No State of Nebraska Agency is required to use this form unless otherwise instructed.

Witness Statement	
Your Name (Print)	Date of Incident:
Accident/Injury Description and Location (Be Specific):	
What did you witness?	
Who was in the area?	
How did it happen?	
What equipment was involved?	
Any other details you can share?	
I have given the above statement and certify that it is true to the best of my knowledge.	
Witness Signature Revised 12/27/17	Date