



WITNESS STATEMENT

Date of Injury: _____ Time of Injury: _____

Location of Accident: _____

Injured Worker's Name: _____



Witness Name: _____

Witness Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Job Title: _____

Cell Phone Number: _____ Email: _____

Male Female _____ Age

Where did the injury occur: _____

Type of injury: _____

What were you doing at the time of the accident (please be specific): _____

Please describe the accident. (Include events leading up to the injury and any objects or substance involved.)



What was the injured person doing when the injury occurred: _____

Please describe the injury: _____

What did anyone do, or fail to do that caused the accident/injury: _____

What did you do after the accident: _____

Were there any other witnesses: YES No

If "YES" please provide names and addresses: _____

I understand that falsification of this statement, or any misrepresented information contained in this statement, can result in disciplinary action.

Supervisor Signature

Date