



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