



WITNESS STATEMENT OF INCIDENT

Witness Name _____ SSN _____

Address _____

Home Phone # _____ Date of Birth _____ Date of Hire _____

Name of Employee Injured _____ Date of Injury _____

Location of Accident _____

WITNESS STATEMENT: State specific job being done, machinery, tools or objects involved and factors contributing to the accident.

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Type of Injury (cut, strain, etc.) _____ Part of Body: _____

Did the injured employee ever mention a previous injury in the same area? Please explain.

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The above statements are true and correct to the best of my knowledge.

Signature of Witness _____

Dated: _____ at _____