

Witness Statement of Incident

WITNESS NAME		EMPLOYER	
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.

TYPE OF INJURY (cut, strain, etc.)	PART OF BODY
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Did the injured employee ever mention a previous injury in the same area? Please explain:

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

Signature of Witness

Dated: _____ at: _____