

## Witness Statement

Name of Witness: \_\_\_\_\_ Name of Injured/Involved Employee: \_\_\_\_\_

Witness Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Exact Location of Incident: \_\_\_\_\_

**Witness Statement**

(Describe in detail what you observed, any injuries, the physical conditions at the time of the incident, etc.)  
(Use additional sheets of paper if needed)

Were there any other witnesses to the accident/injury? Yes \_\_\_\_\_ No \_\_\_\_\_

Name & Phone # of additional witnesses: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_