



STATEMENT OF WITNESS

Name of Employee Injured: _____

Date of Injury: _____

Name of Witness: _____

Address of Witness: _____

Phone Number of Witness: _____

Witness to accident or injury is required to answer all of the following questions:

- 1. Did you actually witness the accident or injury? _____

- 2. What part of the body was injured? (head, back, neck, etc.) _____

- 3. Describe the injury. (strain, bruise, cut, etc.) _____

- 4. What did the injured employee say at the time of the accident or injury? _____

- 5. Did the injured employee complain of pain? If so, where? _____

- 6. Explain what the employee was doing at the time the accident or injury occurred? _____

- 7. In your opinion, could this accident have been prevented? _____

Witness' Signature

Date

Witness' Signature

Date

Witness' Signature

Date