

WITNESS STATEMENT

Please complete the following in your own words.

Witness Name (Last, First)		
Social Security Number	Occupation	Phone Number () -
Date of Injury	Time of Injury	
Location Where Injury Occurred		Supervisor
Describe what you saw		
In your opinion, what body parts were injured?		
Who or what caused the injury / accident?		
Did anything appear suspicious about the injury / accident?		
Was there anything that could have been done to prevent the injury?		
This is an accurate statement, in my own words, which describes my incident and injuries.		
Employee Signature		
Date		