

WITNESS STATEMENT

Name of Witness		Job Title	
Department Name		Supervisor	
Name of Victim	Date of Injury, Illness, or Exposure	Time of Injury, Illness, or Exposure	
How do you know the victim?			

Type of injury, illness, or incident and all parts of body affected
(cut, strain, fracture, rash, etc. to right index finger, low back, left wrist, etc.)

Equipment, materials, and/or chemicals victim was using when the injury, illness, or event occurred.

Specific activity victim was performing when the injury, illness, or event occurred.

Was the victim(s) performing regular job duties at the time of the injury, illness, or event occurred?
(If not, please explain)

Please describe in your own words, anything you saw that was related to the injury, illness, or event.
(Please describe fully the events that resulted in the injury, illness, or event. Use additional pages if necessary)

Please describe in your own words, anything you heard that was related to the injury, illness, or event.
(Please describe fully the events that resulted in the injury, illness, or event. Use additional pages if necessary)

Is there anything you know that leads you to believe that this injury or illness did not happen at work?

I certify that this is an accurate statement in my own words, of the events I saw and/or heard about the injury, illness or accident of my coworker and events leading to such result

Signature	Date
Home Address	Telephone Number

Please return this form to the victim's supervisor when completed