

WITNESS STATEMENT REPORT

(PRINT NEATLY OR TYPE)



Name of Injured Employee:

Date of Accident:

Time of Accident:

Relationship to Injured Employee (Please check one): Co-Worker: Supervisor: Other (Specify):

What were you doing at the time of the accident?

Did you observe the accident? If yes, please describe in detail what you observed.

Witness Name:

Signature:

Date:

Address:

Phone No

Job Title

Social Security No.: