



WITNESS STATEMENT REPORT

(PRINT NEATLY OR TYPE)

Name of Injured Employee: _____

Date of Accident: _____

Time of Accident: _____

Relationship to Injured Employee (Check one): Coworker: Supervisor: Other (Specify): _____

What were you doing at the time of the accident?

Did you observe the accident? Yes No If yes, please describe in detail what you observed.

Witness Name: _____ Signature: _____ Date: _____

Employee ID # or Social Security Number: _____ Job Title _____

Home Address: _____ City: _____ State: _____ Zip: _____

Work Phone Number: _____ Cell Phone Number: _____

Personal email address: _____