



INJURY WITNESS STATEMENT

Witness Name:			Date:
Department:			
Home Address:	City:	State:	Zip:
Home Phone:			
Accident Details			
Name of Injured Employee:			
Date of Accident:		Approximate Time of Accident:	
Does the witness know the injured party?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Witness Statement	
How did the accident occur? What did the witness observe? What did they do? Location? (Use additional sheets of paper, if more space is needed)	

Witness Signature:	Date:
--------------------	-------