



## WITNESS STATEMENT

Date of Injury: \_\_\_\_\_ Time of Injury: \_\_\_\_\_

Location of Accident: \_\_\_\_\_

Injured Worker's Name: \_\_\_\_\_



Witness Name: \_\_\_\_\_

Witness Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Male      ☐ Female      \_\_\_\_\_ Age

Where did the injury occur: \_\_\_\_\_

Type of injury: \_\_\_\_\_

What were you doing at the time of the accident (please be specific): \_\_\_\_\_

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Please describe the accident. (Include events leading up to the injury and any objects or substance involved.)

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What was the injured person doing when the injury occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe the injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What did anyone do, or fail to do that caused the accident/injury: \_\_\_\_\_  
\_\_\_\_\_

What did you do after the accident: \_\_\_\_\_  
\_\_\_\_\_

Were there any other witnesses: ☐ YES ☐ No

If “YES” please provide names and addresses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that falsification of this statement, or any misrepresented information contained in this statement, can result in disciplinary action.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date