

## WITNESS STATEMENT

Injured Employee's Name: \_\_\_\_\_ Incident date and time: \_\_\_\_\_

Company Name: \_\_\_\_\_

Witness name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Where did the injury happen? \_\_\_\_\_  
*Street address or department/location at the time of injury*

Are you related to the injured employee?  Yes  No - If "yes", how? \_\_\_\_\_

Same employer as injured employee?  Yes  No - If "no", employed by: \_\_\_\_\_

Did you actually see this injury happen?  Yes  No - If "no", how do you know about it?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain in detail what you know about this incident:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did this employee ever talk with you about getting hurt on the job?  Yes  No

If "yes", when did this conversation take place? \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

What did the employee say? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know of any other injury, accident or illness this employee has had?  Yes  No  
If "yes", explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give the names of any other persons who might know about this accident/injury:  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Witness: \_\_\_\_\_ Date Signed: \_\_\_\_\_