



**STATEMENT OF WITNESS**

Name of Employee Injured: \_\_\_\_\_

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

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

Address of Witness: \_\_\_\_\_

Phone Number of Witness: \_\_\_\_\_

Witness to accident or injury is required to answer all of the following questions:

- 1. Did you actually witness the accident or injury? \_\_\_\_\_  
\_\_\_\_\_
- 2. What part of the body was injured? (head, back, neck, etc.) \_\_\_\_\_  
\_\_\_\_\_
- 3. Describe the injury. (strain, bruise, cut, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4. What did the injured employee say at the time of the accident or injury? \_\_\_\_\_  
\_\_\_\_\_
- 5. Did the injured employee complain of pain? If so, where? \_\_\_\_\_  
\_\_\_\_\_
- 6. Explain what the employee was doing at the time the accident or injury occurred? \_\_\_\_\_  
\_\_\_\_\_
- 7. In your opinion, could this accident have been prevented? \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date