

WITNESS STATEMENT

Witness Name: _____

Address: _____

Phone Number, including area code (_____) _____

Injured Employer/Worker: _____

Loss Date: _____

Employer: _____

Description of Incident:

Do you know of any other witnesses? YES or NO

Names: _____

Do you know of any injuries? YES or NO

If yes, what? _____

How do you think the incident occurred?

_____ **unsafe condition**
_____ **unsafe act**
_____ **misc:** _____

Do you know of any similar incidents in the past? YES or NO

How do you think this could have been prevented?

Additional Comments: _____

Signature of Person completing report: _____

Printed Name of Person completing report: _____

Supervisor's Signature: _____

Date: _____