



# WITNESS REPORT

Client Name/Location \_\_\_\_\_ Date \_\_\_\_\_

Injured Employee's Name \_\_\_\_\_

Incident Location *(be specific)* \_\_\_\_\_

Witness Name *(Last Name, First Name, Middle Int.)* \_\_\_\_\_

Witness Phone # \_\_\_\_\_ Shift \_\_\_\_\_ Supervisor \_\_\_\_\_

Department \_\_\_\_\_ Incident Date \_\_\_\_\_ Time \_\_\_\_\_  AM  PM

## STATEMENT OF WITNESS

I witnessed the incident occur  Yes  No

I was working with the injured person  Yes  No

What was the injured person doing at the time of the incident \_\_\_\_\_

Where were you in respect to the injured employee? \_\_\_\_\_

Were there other witnesses to the incident? \_\_\_\_\_

What did you see, or hear, happen? \_\_\_\_\_

What caused the incident? \_\_\_\_\_

What protective equipment (PPE) did the injured employee have on? \_\_\_\_\_

What part of the body did the employee injure? \_\_\_\_\_

*I swear that the above statement in regards to the incident and its surrounding events is true to the best of my knowledge.*

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