

STATEMENT DATE \_\_\_\_\_



## EMPLOYER WITNESS STATEMENT

INCIDENT/ACCIDENT DATE \_\_\_\_\_ TIME \_\_\_\_\_ AM /PM

LOCATION OF ACCIDENT: \_\_\_\_\_

WITNESS NAME: \_\_\_\_\_ DAY PHONE# \_\_\_\_\_

WITNESS ADDRESS \_\_\_\_\_

WITNESS EMPLOYED BY: \_\_\_\_\_

LOCATION OF WITNESS AT TIME OF ACCIDENT? \_\_\_\_\_

DID ANYONE ELSE SEE THE ACCIDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

DID WITNESS SEE INCIDENT/ACCIDENT TAKE PLACE? \_\_\_\_\_ YES \_\_\_\_\_ NO

1. In DETAIL explain what the injured person was doing when injured? If using tools explain in detail what the injured person/s was doing them?
2. Describe in DETAIL how the accident occurred. WHAT and HOW the accident occurred? Describe any objects or substances involved and explain how in involved?
3. Please list any other important factors related to this injury as you see it. What the injured person may have told you about some circumstance regarding a previous injury or substance used.

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

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_