



### Witness Statement

Name of Employee involved in Incident: \_\_\_\_\_

Name/Title/Dept. of Witnesses: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How long have you known the employee/claimant? \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ N/A

What is your relationship to the employee/claimant? \_\_\_\_\_

Did you actually see the incident occur? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, how did you hear about it/pertinent sources? \_\_\_\_\_

**PLEASE DESCRIBE IN DETAIL WHAT YOU KNOW ABOUT THIS INCIDENT. PLEASE BE ADVISED, IF FURTHER INFORMATION IS NEEDED, YOU MAY BE CONTACTED FOR ADDITIONAL DETAILS.**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location where incident occurred: \_\_\_\_\_

Please describe in your own words (in detail) how this incident occurred: \_\_\_\_\_

To your knowledge, was a safety rule violated? \_\_\_\_\_

What could the employee/claimant have done to have avoided this incident? \_\_\_\_\_

List the names of anyone else who might know about this incident.

Additional Comments: \_\_\_\_\_

I have read the above and it is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date