
WITNESS STATEMENT**Name of Employee involved in Incident:** _____

Name/Title/Dept of Witness: _____

Witness Address: _____

Home Phone: _____ Work Phone: _____ Cell 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