

Witness Report of Employee Accident



To be completed by Witness

Employee Name	
Witness name & phone number	
Witness address	
Date of accident	
Time of accident	
Location of accident (specify if off-site address)	

Did you witness the above-reported accident? If so, how did the injury occur? What job duties was the employee performing?

What part(s) of the employee's body were reported as injured? Describe the type of injury (strain, bruise, etc.)

What did the injured employee say at the time of injury? Did the injured employee complain of pain at the time of injury? If they complained of pain, please specify the body part(s) where.

What did the employee do after the accident occurred?

Were any other witnesses present at the time of the accident? If so, please list them below.

The above report is true and accurate:

Witness Signature: _____

Date: _____

NOTE: Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties.