

Witness Report of Employee Accident/Incident



To be completed by Witness

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

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

What part(s) of the employee's body were reported as injured? What part(s) of the equipment were damaged? Please describe:

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

What did the employee do after the accident/incident occurred?

Were any other witnesses present at the time of the accident/incident? 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.