

**TO BE COMPLETED BY ALL PERSONS LISTED ON EMPLOYEE AND SUPERVISOR REPORTS AS WITNESSES**

**WITNESS STATEMENT**

Name: \_\_\_\_\_

Were you a witness to an incident involving \_\_\_\_\_  
on \_\_\_\_\_?  Yes  No  
(employee injured)  
(date of incident)

Describe location of incident and approximate time.

\_\_\_\_\_  
\_\_\_\_\_

Where were you in proximity to incident? (In front, back, etc; number of feet, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Describe exactly what you saw: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did \_\_\_\_\_ appear injured?  Yes  No  
(employee injured)

If so, please describe the body part that was involved, what the injury was, and the apparent cause, if you could tell:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you speak to \_\_\_\_\_ at or near the time of the incident?  Yes  No  
(employee injured)

If so, what did he/she tell you? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Did you offer any assistance?  Yes  No

If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Have you had any subsequent discussions with \_\_\_\_\_ regarding the incident?  Yes  
 No (employee injured)

If so, when? \_\_\_\_\_

What did he/she tell you on this occasion? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add any additional comments you may have regarding this incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date