

**FORM  
WS**

State of Nebraska  
Dept. of Administrative Services  
Risk Management Division

**Witness Statement**

Witness Name:	Employee Involved:
Witness Address:	Witness Home Telephone:
Witness Employer:	Witness Alternate Phone:
<b>Witness Statement</b>	
On _____(date), 20__ (year), at approximately _____ am/pm, I was in or at _____ (clearly state your location) when an accident involving the above employee is alleged to have occurred.	
<b>Check Only One Box Below</b>	
<input type="checkbox"/> I saw the accident. The accident occurred in the following manner: <i>(please describe in as much detail as possible)</i>	
<input type="checkbox"/> I did not see the accident. Information given to me by _____ (name) indicates the accident occurred as follows: <i>(please describe in as much detail as possible)</i>	
<input type="checkbox"/> I know nothing whatsoever about the occurrence.	
Witness Signature:	Date: