

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