

WITNESS STATEMENT - PERSONAL INJURY REPORT

Please take the time to complete this form in detail. If you need more space for answers, write on the back or attach additional pages. Draw diagrams if necessary. Please print clearly.

1. Name of injured person: _____
Last Name First Name

2. Injured person's job position: _____

3. Date and time injury occurred (mm/dd/yy): _____ / _____ / _____ Time: _____ ☐ P/M
☐ A/M

4. Where did the injury happen? _____

5. Describe what happened: _____

6. Where were you when injury occurred? _____

7. What were you doing when injury occurred? _____

8. Names of other witnesses: _____

You Signature: _____ **Printed Name:** _____

Your Job Position: _____

Address: _____

Telephone No.: _____ Email: _____

Date _____, 20_____