

Workers' Compensation- Witness Statement

Injured Employee Name (Last, First, MI)			Witness Name		Witness EmplID (if applicable)
Witness Location/Department		Witness Phone		Witness Email	
Date of Injury	Time of Incident	How Did You Learn of the Incident?			
Activity Employee Was Engaged In At Time of Injury				Location Where Incident Took Place	
Activity You Were Engaged in at Time of Injury				Did You Speak With Anyone About the Incident? If So, Who?	
What Did You Personally Witness? Describe Sequence of Events and Any Objects or Substances Which May Have Contributed					
Your Reaction/ Steps Taken After the Event					
Type of Injury and Body Parts Affected				Treatment Received	
How Can This Type of Injury or Incident Be Prevented in the Future?					
Any Other Relevant Information?					
I attest that all the above information is true and accurate to the best of my knowledge.			Witness Signature (Do Not Type Name)		Date