

Witness Report of Accident

	Claim Number:
	Adjuster:
Your Name:	Business Address:
Address:	
Home Phone:	Business Phone:
TIME and PLACE	
Date and Hour of Accident:	Place of Accident:
YOUR LOCATION	
Did you see the accident? Y N	
Where were you standing when the accident occurred?	
where were you standing when the accident occurred.	
DESCRIPTION	
Give full account of accident as witnessed by you:	

(over please)



What drew your attention to the accident?			
What was injured employee doing at time accident?	e of		
INJURIES Describe injuries seen:			
First Aid Rendered? Y N Did injured employee make any comments?	If yes, by whom?		
What do you think was the cause of the injury?			
Do you know the employee involved?	Y N	If yes, how?	
OTHER WITNESS COMMENTS:		3 7	
Signature of Witness		Date	