

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?	
DESCRIPTION	
Give full account of accident as witnessed by you:	

(over please)



Witness Report of Accident

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