



Business Phone: _____

Where were you standing when the accident occurred? _____

(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