



Workers' Compensation Accident Witness Statement

To Be Completed by Accident Witness

Name of Injured Employee: _____

Location of Accident: _____
Address/Name of Building _____ Area (loading dock, bathroom, etc.) _____

Date of Accident: _____ Time of Accident: _____

Describe fully how accident occurred: (Including events that occurred immediately before the accident)

Describe bodily injury sustained (be specific about body part(s) affected):

Name of Witness: _____ Phone #: _____

Job Title of Witness: _____ How long employed here? _____

Home Address of Witness: _____

City: _____ State: _____ Zip Code: _____

Name of Witness Supervisor: _____ Phone #: _____

Signature of Witness

Date