**Witness Report of Incident**

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| **Witness Information** | |
| **Witness Name (Last, First, MI):** | **Phone Number:** |
| **Company Name:** | |
| **Incident Information**  **(*Note:* Remainder of form must be hand written by witness)** | |
| **Name of employee injury:** | **Date of incident:** |
| **Nature of employee’s injury:** | |
| **Did you see how the incident occurred?** 🞎 Yes 🞎 No  If not, how did you know? | |
| **When did you learn about the incident?** | |
| **Where were you at the time of the incident and what were you doing?** | |
| **Were there any other witnesses who actually saw the incident?** 🞎 Yes 🞎 No  If so, please list their names and what they were doing at the time of the incident. | |
| **Did the employee leave work?** 🞎 Yes 🞎 No | |
| **Part(s) of body alleged to be injured:** | |
| **Did the employee receive medical treatment?**  🞎 Yes 🞎 No  When: Why not?  Where: | |
| **Describe how the incident occurred. Was equipment or machinery involved; were vehicles involved; who was there; what were the sequences of events leading up to the incident; etc.? Be specific and record as many details as possible.** | |
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| **What actions would you recommend so this type of incident does not occur again?** | |
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| **Additional information (comments/remarks you would like to provide):** | |
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I hereby certify that the information reported on this report is correct to the best of my knowledge and belief. I understand that helping someone obtain workers’ compensation by misrepresenting or concealing facts or making false statements could subject me to prosecution for fraud and possible other criminal penalties.

Witness Name Witness Signature Date

**What part of the employee’s body was injured? Please circle.**

**Back**

**Front**

**Right**

**Left**

**Left**

**Right**

