



WITNESS STATEMENT

REGARDING INCIDENT INVOLVING: _____

DATE OF INCIDENT: _____

WITNESS INFORMATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

NAME OF YOUR EMPLOYER: _____

ADDRESS OF YOUR EMPLOYER: _____

YOUR POSITION: _____ LENGTH OF EMPLOYMENT: _____

RELATIONSHIP TO HIM/HER: _____

HOW LONG HAVE YOU KNOWN HIM/HER: _____

WHEN DID INCIDENT HAPPEN: _____

WHERE DID INCIDENT OCCUR: _____

DID YOU SEE HIM/HER GET HURT? _____

DESCRIPTION OF WHAT YOU WITNESSED: _____

WHAT INJURIES DID YOU OBSERVE: _____

WHAT COMPLAINTS DID HE/SHE MAKE AT THAT TIME: _____

HAVE YOU SEEN HIM/HER SINCE INCIDENT & IF SO WHAT DID YOU OBSERVE ABOUT THEIR CONDITION: _____

DO YOU KNOW OF ANY OTHER WITNESSES TO THIS INCIDENT? Y / N IF SO, WHAT ARE THEIR NAMES: _____

SIGNATURE _____ DATE _____