

**Injured Employee Name:** \_\_\_\_\_

*\* indicates required information*

**Witness Contact Information**

\*Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
\*Phone: \_\_\_\_\_  
\*email: \_\_\_\_\_  
\*Department/Unit: \_\_\_\_\_  
Job Title: \_\_\_\_\_

**Incident Information**

\*Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
\*Relationship to Injured Employee: \_\_\_\_\_  
\*Did you see the incident?      Yes      No

\*Please describe the incident that occurred:

Where were you in relation to the injured employee when the incident occurred?

Did you have a clear view of the incident?

\*How did the injured employee act after the incident?

Did you see anyone else who may have seen what happened? If yes, please include names and phone numbers.

**Disclaimer**

The information provided is the truth to the best of my knowledge (\*must check box)

Additional Comments;

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*