Witness Reporting Form

Injured Employee:	
Date of Injury:	
Time of Injury:	
Witness Name:	
Witness Address:	
Witness Phone:	
What is your relationship to the injured person?	
Did you actually witness the incident?	❑ Yes ❑ No
If no, what time did you arrive at the scene?	
What did you see when you arrived?	

If you witnessed the incident, please describe what you saw happen:
In your opinion, what was the cause of the incident?
Do you know of any other people who may have witnessed this incident? If so, please state their names and contact information.

Witness Signature:	
Date:	