

# INCIDENT / INJURY WITNESS STATEMENT

*INSTRUCTIONS: To be completed by employee within 24 hours of injury, investigated by his/her immediate supervisor and emailed to: [workerscomp@lakotaonline.com](mailto:workerscomp@lakotaonline.com) within 48 hours.*

**ALL SECTIONS MUST BE COMPLETED IN FULL OR STATEMENT WILL BE RETURNED**

## SECTION 1: WITNESS INFORMATION (all fields required)

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Email Address \_\_\_\_\_

Building \_\_\_\_\_ Job Title \_\_\_\_\_

## SECTION 2: INCIDENT INFORMATION (provide as much detail as possible)

Date of injury \_\_\_\_\_ Time of injury \_\_\_\_\_

Were you in the area in which the incident happened?  Yes  No

Where exactly did the incident occur? \_\_\_\_\_

Did you see the Incident/Injury happen?  Yes  No

Can you describe what happened? \_\_\_\_\_

Was it obvious that the employee was hurt?  Yes  No

If so, what part(s) of the body appeared to be injured?  Head/Face/Neck  Eye (R / L)  
 Chest/Abdomen  Arm (R / L)  Hand (R / L)  Leg (R / L)  Foot (R / L)  
 Back  Other \_\_\_\_\_


Was any equipment involved in this incident?  Yes  No

If so, describe \_\_\_\_\_

In your opinion, what caused the accident? \_\_\_\_\_

## SECTION 3: WITNESS ACKNOWLEDGEMENT

To the best of my knowledge, the above questions have been answered truthfully.

 Witness's signature \_\_\_\_\_ Date \_\_\_\_\_