

# Witness Statement

Injured Employee Name		
Witness Name		Home Telephone:
Address		
City	State	Zip
Work Telephone:		
Relationship to injured worker:		
Date of Accident	Time of Accident	am/pm
Where did the accident happen		
Other employees involved in accident		
Other employees who witnessed accident		
Were you in the area where the accident happened?		<input type="checkbox"/> yes <input type="checkbox"/> no
Did you see the accident happen?		<input type="checkbox"/> yes <input type="checkbox"/> no
Was it obvious that the employee was hurt?		<input type="checkbox"/> yes <input type="checkbox"/> no
Was employee using a tool or machinery when injured?		<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever heard the employee complain of a similar injury?		<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever heard the employee talk about any other on-the-job injury?		<input type="checkbox"/> yes <input type="checkbox"/> no
Did the employee violate any safety rules?		<input type="checkbox"/> yes <input type="checkbox"/> no
Was the employee ever warned about unsafe work habits?		<input type="checkbox"/> yes <input type="checkbox"/> no
Explain exactly what happened (continue on a separate sheet if necessary)		
What part of the body appeared to be injured?		
What do you think caused the accident?		
What do you think could have prevented the accident from happening?		
The following is my statement of what I heard the injured employee say (continue on separate sheet if necessary)		
Additional comments:		

The above statement is a true and correct account of what I observed and heard.

Signature of witness \_\_\_\_\_

Date signed \_\_\_\_\_

Witness to signature \_\_\_\_\_

Date signed \_\_\_\_\_

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties may include imprisonment, fines and denial of insurance benefits.