

WITNESS INFORMATION

Witness Name (First, Last): _____ Phone Number: _____
Home Address: _____ City: _____
State: _____ Zip Code: _____ Employer: _____

ACCIDENT INFORMATION

Injured Employee's Name (First, Last): _____
Accident Location or Jobsite: _____ Date: _____
Time of Accident: _____ Temperature and Conditions: _____

STATEMENT

Please describe the events leading up to the incident:

Print Name: _____

Signature: _____ Date: _____