



Injured Employee's Name: _____ Incident date and time: _____

Company Name: _____

Witness name: _____

Address: _____ Phone # _____

Where did the injury happen? _____
Street address or department/location at the time of injury

Are you related to the injured employee? Yes No - If "yes", how? _____

Same employer as injured employee? Yes No - If "no", employed by: _____

Did you actually see this injury happen? Yes No - If "no", how do you know about it?

Please explain in detail what you know about this incident:

Did this employee ever talk with you about getting hurt on the job? Yes No

If "yes", when did this conversation take place? _____ Date _____ Time _____

What did the employee say? _____

Do you know of any other injury, accident or illness this employee has had? Yes No

If "yes", explain: _____

Give the names of any other persons who might know about this accident/injury:

Additional comments:

Signature of Witness: _____ Date Signed: _____