

EMPLOYEE WITNESS REPORT

Employee name: _____ Phone #: _____

Department: _____ Job Title: _____

Name of injured employee: _____

Did the injured person's actions contribute to the accident: yes no If yes, describe:

Date of accident: _____ Time of accident: _____

Location of accident: _____

Was weather a factor: yes no If yes, describe conditions: _____

Conditions of accident area: _____

Did any defects contribute to the accident: yes no If yes, describe conditions:

What precautions had been taken: _____

Did you see the accident: yes no If not, where were you when accident occurred:

Describe how accident occurred: _____

COMPLETE OTHER SIDE

Name of other witnesses: _____

Are you a personal friend or relative of injured: yes no

If yes, state relationship: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

If more information is needed, use the space below.
