

## REPORT BY EYEWITNESS

Name: \_\_\_\_\_

Name of Injured Employee: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

In your own words, describe what you saw happen: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone else see the accident?  Yes  No

If yes, please list their name(s)? \_\_\_\_\_

\_\_\_\_\_

Other comments: \_\_\_\_\_

\_\_\_\_\_

Signature of Eyewitness: \_\_\_\_\_