



WITNESS REPORT

Project: _____ Date: _____

Print Your Name: _____

Address: _____

Telephone (home) _____ Trade: _____

Company: _____

STATEMENT: I, _____, have been employed by _____
Print Name
(Company) since _____ (Date) and have the following knowledge concerning this injury to
_____ (Name of injured) on _____ (Date) at _____ AM/PM (Time).

My description of the accident is as follows:

Signature of Witness: _____ Date: _____