

REPORT BY EYEWITNESS

Name: _____

Name of Injured Employee: _____

Name of Witness: _____

Address of Witness: _____

Telephone number of Witness: _____

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: _____ Date: _____