



WITNESS STATEMENT

Date of Injury:	Time of Injury:
Witness Name:	
Best Contact Number:	_ Job Title:
njured Worker's Name:	
njureu Worker 5 Nume.	
Where did the injury occur:	
Please describe the accident in detail. (Include events leading up to the injury and any objects or substance involved.)	

What did the injured worker do/say after the accident:	
Were there any other witnesses:	
If "YES" please provide names:	
I understand that falsification of this statement, or statement, can result in disciplinary action.	any misrepresented information contained in this
Witness Signature	Date