**INJURY WITNESS STATEMENT**

**Key Information**

Injured Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Injury Date:

Witness Name:

**Statement**

Were you in the area where the accident happened? Yes No

Did you see the accident happen? Yes No

Was it obvious the employee was injured? Yes No

Have you ever heard the employee complain of a similar injury? Yes No

Has the employee spoken of other work-related injuries? Yes No

Did the employee violate any safety rules? Yes No

Was the employee ever warned of unsafe work habits? Yes No

Explain exactly what happened (include location, tools, equipment, etc.):

What part of the body appeared to be injured?

What was the cause of the accident?

What could have prevented the accident?

Comments:

I swear to the best of my knowledge that I have answered the above questions truthfully.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Sworn: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature