WITNESS STATEMENT - PERSONAL INJURY REPORT

Please take the time to complete this form in detail. If you need more space for answers, write on the back or attach additional pages. Draw diagrams if necessary. Please print clearly.

1. Name of injured person: __________________________________________________________
   Last Name                             First Name

2. Injured person’s job position: ______________________________________________________

3. Date and time injury occurred (mm/dd/yy):_______/_______/_______          Time:_______ □ P/M
   □ A/M

4. Where did the injury happen? ______________________________________________________

5. Describe what happened: _________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

6. Where were you when injury occurred? ______________________________________________

7. What were you doing when injury occurred? __________________________________________

8. Names of other witnesses: _________________________________________________________

You Signature: ______________________________  Printed Name: ______________________________

Your Job Position: ________________________________________________________________

Address: _________________________________________________________________________

Telephone No.:____________________________     Email: _________________________________________

Date_______________________________________, 20___________