

Witness Name: _____

Position/Occupation: _____ Telephone: _____

Injured Employee Name: _____

Date of Injury: _____

DESCRIPTION OF INCIDENT

Did you actually see the incident occur? Yes: _____ No: _____

Where did the incident occur? _____

DESCRIPTION OF INJURY

What part of the body was injured? _____

Describe what you saw: _____

Comments: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Witness Signature

Date

Original – Risk Management

Copy – School/Department

