

# Witness Incident Report *(Please print legibly)*

Injured Employee's name: \_\_\_\_\_

Name of witness: \_\_\_\_\_ Job title of witness: \_\_\_\_\_

Home address of witness: \_\_\_\_\_

Witness home phone: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time of event: \_\_\_\_\_ (AM/PM)  Check if time cannot be determined

Where did the incident occur? Building or area: \_\_\_\_\_

Room number (if applicable): \_\_\_\_\_ Location Detail (pinpoint where accident occurred- "Near water fountain" or "at dumpster"):

Name of your supervisor: \_\_\_\_\_ Extension: \_\_\_\_\_

**What was the employee doing immediately before the incident occurred?** Describe the activity, as well as the tools, equipment or materials they were using. Be specific. *Example: "climbing a ladder while carrying roofing materials"*

\_\_\_\_\_  
\_\_\_\_\_

**What happened?** Tell us how the injury occurred. *Examples: "When ladder slipped on wet floor, worker fell 20 feet; worker developed soreness in wrist over time."*

\_\_\_\_\_  
\_\_\_\_\_

**If known, what was the injury or symptoms?** Tell us the area or part of the body that was affected. *Example: burn on right forearm. Include, if applicable, any symptoms. Examples: fainting, dizziness, blurred vision)*

\_\_\_\_\_  
\_\_\_\_\_

**What object or substance directly harmed the employee?** *Example: "concrete floor"; if this question does not apply, leave it blank.*

\_\_\_\_\_  
\_\_\_\_\_

**Recommendation on how to prevent this accident from repeating:**

\_\_\_\_\_  
\_\_\_\_\_

Witness signature: \_\_\_\_\_ Date: \_\_\_\_\_