

Witness Report of Injury

Your Name	Job Title
Department	Your Phone Number
Date of Incident	Time of Incident
Injured Employee's Name	Location of Incident

What were you doing at the time of the incident? <hr/> <hr/> <hr/>
How and when did you become aware of the incident? <hr/> <hr/>
What did you hear at the time of the incident? <hr/> <hr/>
Describe what you saw at the time of the incident? <hr/> <hr/> <hr/> <hr/>
Who else was present? <hr/>
Did you provide aid to the injured employee? <hr/>
I verify this statement to be true and correct. <hr/> <div style="display: flex; justify-content: space-between;">SignatureDate</div>