

*A witness is someone that has firsthand knowledge of an incident. i.e., someone that saw the incident, heard the incident and responded, or became aware of the incident immediately or shortly thereafter.*

## **Workers Comp. Witness Statement Form**

Incident Date and Time: \_\_\_\_\_

Incident Location: \_\_\_\_\_

Name of Employee In Question: \_\_\_\_\_

Did bodily injury result from the incident? If yes, please list the body part or parts affected:

Did horseplay, inattention, neglect of safety rules, etc. contribute to the cause of this incident? Please explain.

Did someone or something else contribute to this Incident? Please explain:

In your opinion, what measures should be taken to prevent a similar occurrence? (rules, training, etc.)

Incident Description – **WHAT DID YOU SEE?** (Sequence of events, task or activity engaged in, tools and equipment involved, etc.)

Describe the response given by staff or others to the employee in question (type of aid, by whom, etc.).

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\_\_\_\_\_  
Witness Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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*Please fax completed form to 801-354-7492, attention Risk Management*