



Witness Report of Injury

This form is to be completed by the witness to an injury/incident and forward to employee's supervisor.

AFFECTED EMPLOYEE NAME: _____

JOB TITLE: _____ **DEPARTMENT:** _____

DATE OF INJURY/ILLNESS: _____ **TIME OF EVENT:** _____

DID INJURY OCCUR ON TOWN PREMISES: Yes No **LOCATION OF INCIDENT:** _____

PART OF BODY INJURED: _____ **SIDE INJURED:** Left Right

WHAT HAPPENED/WHAT DID YOU WITNESS: (Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time.")

WHAT WAS THE EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED: (Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry.")

IF ANOTHER PERSON NOT A TOWN EMPLOYEE CAUSED ACCIDENT, PROVIDE DETAILS:

FURTHER INFORMATION YOU WOULD LIKE TO INCLUDE REGARDING THIS INCIDENT: (Include names of other witnesses and any other pertinent information)

WITNESS PRINT NAME: _____ **PHONE NUMBER:** _____

WITNESS SIGNATURE: _____ **DATE:** _____