

Witness' Statement of Employee Accident or Near Miss

WITNESS NAME: Rebecca Callahan WITNESS PHONE #: (555) 555-5555

WITNESS ADDRESS: 123 Another Road, Somewhere, CA 90000

EMPLOYEE NAME: John Doe IS THE WITNESS AN EMPLOYEE? YES NO

DATE OF ACCIDENT: 01/01/2017 TIME OF ACCIDENT: 11:00 am

LOCATION OF ACCIDENT (ADDRESS): 123 Any Street, Somewhere, CA 90000

DID YOU WITNESS THE REPORTED ACCIDENT? YES NO

IF YES, HOW DID THE ACCIDENT/INJURY OCCUR? WHAT JOB DUTIES WAS THE EMPLOYEE PERFORMING?
On our way to a meeting, Mr. Doe and I were walking through the office to a meeting. Mr. Doe began to skip and joke around while not paying attention to where he was going. He tripped and sprained his ankle.

WHAT PART(S) OF THE EMPLOYEE'S BODY WAS INJURED? DESCRIBE THE INJURY (STRAIN, BRUISE, ETC.).
sprained ankle

WHAT DID THE INJURED EMPLOYEE SAY AT THE TIME OF THE INJURY?
He said, "awe, that hurt. My ankle hurts."

DID THE INJURED EMPLOYEE COMPLAIN OF PAIN AT THE TIME OF INJURY? YES NO
IF THEY COMPLAINED OF PAIN, PLEASE SPECIFY THE BODY PART(S)? ankle

WHAT DID THE EMPLOYEE DO AFTER THE ACCIDENT OCCURRED?
He sat on the floor and rubbed his ankle, while I told a manager.

WERE ANY OTHER WITNESSES PRESENT AT THE TIME OF THE ACCIDENT? YES NO
IF YES, LIST THE WITNESSES' NAMES.

THE ABOVE REPORT IS TRUE AND CORRECT.

Rebecca Callahan
SIGNATURE OF WITNESS

01/01/2017
DATE SIGNED

NOTE: WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES.

