

WITNESS STATEMENT (Employee/Non-Employee)
(Can be used for both Workers' Compensation & Liability Claims)

This report is to be used by anyone who witnesses an accident or incident.

PLEASE PRINT

Name: Phone Number:

Address:

City: State: Zip Code:

Date of Incident: / / Time: AM PM

Exact Location of Incident:

Describe Accident/Injury:

Describe Vehicle/Property Involved (if applicable):

List all Witnesses & Phone Numbers:

Employee's Name:

Date: / /

Municipal Employee's Name:

Date: / /