# Form E: Witness Statement

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| Date and time of accident: | |
| Date and time of statement: | |
| Injured employee names: | |
| Witness names and contact information: | |
| Work role of witness: | |
| Interviewer (if applicable): | |
| Where did the accident occur? |
| Where were you located when the accident occurred? |
| Did you see the accident occur? |
| Describe what happened before the accident and during the accident. |
| Was any equipment or machinery involved? |
| Was anyone else in the area? |
| Did the employee appear hurt after the accident? |
| Was there any specific body part that appeared injured? |
| Are you aware of any previous employee complaint regarding hurt or discomfort in that area of the body before the accident? |
| What happened immediately after the accident? |
| Is there anything else you think is important about the accident or the employee’s injury? |

To the best of my knowledge, all information in this statement is true. (initial)

Witness signature Date