

**WORKER'S COMP - INJURY/INCIDENT
WITNESS STATEMENT**

Witness Name:	Date:
Witness Phone Number:	Witness Supervisor:
Dealership/Facility Location of Incident:	Area of Incident:
Incident Date:	Incident Time:
Name of Injured Worker:	
Did you see the injury/incident involving the above employee?	
Please describe <u>in detail</u> what you saw. (Include the sequence of events or activity the injured employee was engaged in and any tools or equipment being utilized.)	

Witness Name (Printed): _____

Witness Signature: _____ Date: _____