



## **Witness Statement**

Injured Work Experience Participant's Name: \_\_\_\_\_

Client Company: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

## **Witness Information**

Witness Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

The accident occurred on: Month: \_\_\_\_\_ Day: \_\_\_\_\_, Year: \_\_\_\_\_

at (approximate time): \_\_\_\_\_ AM/PM.

I, (witness name) \_\_\_\_\_ was (location when accident occurred)

\_\_\_\_\_

This is what occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_