

**EMPLOYEE WITNESS REPORT**

- 1. Employee Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
(please print)
- 2. Department: \_\_\_\_\_ Job Title: \_\_\_\_\_
- 3. Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_ .m.
- 4. Where did it happen? \_\_\_\_\_
- 5. Did you see it? \_\_\_\_\_ If not, where were you when accident occurred: \_\_\_\_\_  
\_\_\_\_\_
- 6. Was weather a factor? \_\_\_\_\_ If yes, describe conditions: \_\_\_\_\_  
\_\_\_\_\_
- 7. Conditions of accident area: \_\_\_\_\_
- 8. What precautions had been taken? \_\_\_\_\_
- 9. Did any defects contribute to the accident? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
- 10. Did the injured person's actions contribute to the accident? \_\_\_\_\_ If yes, describe: \_\_\_\_\_  
\_\_\_\_\_
- 11. Name of injured: \_\_\_\_\_
- 12. Names of other witnesses: \_\_\_\_\_  
\_\_\_\_\_
- 13. Described how accident occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OVER

Exhibit 4

14. Are you a personal friend or relative of injured? \_\_\_\_\_

15. If yes, state relationship: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature & Date

\_\_\_\_\_  
Supervisor's Signature & Date

If more room is needed, use the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_