Accident/Injury Witness Statement

(To be completed by accident/injury witness only)

Injured employee's name:_____
Last First Middle

Name of witness: _____ Phone#: _____
Last First Middle

Job title of witness: _____ Length of employment with MJH: _____

Home address of witness:_____

City: _____ State: _____ Zip Code: _____

Location of accident: _____

Date of accident: _____Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

_____

_____

_____

_____

Describe bodily in just sustained (be specific about body part (s) affected: _____

_____

_____

Recommendation on how to prevent this accident from recurring: _____

_____

_____

Name of witnesses supervisor: _____ Phone: _____

Signature of witness : _____ Date: _____