



## Witness Report of Accident

**Claim Number:** \_\_\_\_\_

**Adjuster:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

### TIME and PLACE

Date and Hour of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

### YOUR LOCATION

Did you see the accident?      Y      N

Where were you standing when the accident occurred? \_\_\_\_\_

### DESCRIPTION

Give full account of accident as witnessed by you: \_\_\_\_\_

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

(over please)



What drew your attention to the accident? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was injured employee doing at time of accident? \_\_\_\_\_  
\_\_\_\_\_

**INJURIES**

Describe injuries seen: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid Rendered?    Y    N    If yes, by whom? \_\_\_\_\_  
Did injured employee make any comments? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think was the cause of the injury? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know the employee involved?    Y    N    If yes, how? \_\_\_\_\_

OTHER WITNESS COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Witness

Date