

## Witness Statement of Incident

EMPLOYER/FACILITY \_\_\_\_\_

SPECIFIC LOCATION OF INCIDENT: \_\_\_\_\_ INCIDENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

Name of Injured Employee: \_\_\_\_\_

Name of Witness: \_\_\_\_\_ Title: \_\_\_\_\_

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

**EYE WITNESS ONLY – Please be specific and describe exactly how the incident occurred:**

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*Please answer 'Yes' or 'No' to the following questions:*

Was the injured employee working with a resident? \_\_\_\_

Was the floor wet at the time of the incident? \_\_\_\_

Was there anything on the floor that caused the incident? \_\_\_\_

Was there an emergency going on at the time of this incident? \_\_\_\_

Were any other employees involved at the time of this incident? \_\_\_\_

Were all safety and body mechanic policies followed? \_\_\_\_

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I certify that the above statement is accurate and complete to the best of my knowledge

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

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

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***NYS Workers' Compensation Board Fraud Statement: Any person who knowingly and with intent to defraud presents, causes to be presented, or prepares with knowledge or belief that it will be presented to, or by an Insurer, or self-insurer, any information containing any FALSE MATERIAL STATEMENT or CONCEALS any material fact, SHALL BE GUILTY OF A CRIME and subject to substantial FINES AND IMPRISONMENT.***