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ACCIDENT WITNESS REPORT

Witness Name: _____

Work Number: _____ Alternate Number: _____

Witness Email Address: _____

Job Title: _____ Shift Start Time: _____

Date of Accident: _____ Time of Accident: _____

Location of Accident: _____

Identify the Employee Involved in the Accident: _____

Did you see the accident happen? Yes _____ No _____

If no, explain what you were told. _____

If yes, describe exactly what you saw. _____

List Any Other Witnesses: _____

Witness Signature _____ Date _____

Please submit all paperwork via fax or email after reporting claim online.