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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.*