

ICRMT
WC Witness Report
(to be completed by accident witness)

Injured Employee Name: _____

Your Name: _____ Your Phone Number: _____

Your Address: _____

Your relationship with injured employee (check one): Co-worker Other

Date/Time of Incident: _____ Today's Date/Time: _____

What was the employee doing at the time of the accident? _____

What was the sequence of events that led up to the accident? _____

What was done immediately after the incident? _____

What were the environmental conditions at the accident site? _____

What materials, equipment and tools were involved? _____

I agree the above is true and accurate

Witness Name (please print): _____

Witness' Signature: _____ Date: _____