



Catoosa County Government

Workers' Compensation

Witness Statement Form

Name of injured worker: _____

Witness Name: _____

Phone number: _____

Job Title: _____

Accident Time and Date: _____

Location of Accident: _____

Please fully describe the accident sequence from start to finish (use additional paper as needed):

Note anything unusual you observed prior to or during the accident?

What was your role in the accident sequence?

What conditions influenced the accident (weather, time of day, equipment malfunctions, etc.)?

What do you think caused the accident?

Please list other possible witnesses:

Print Name: _____

Signature: _____

Date: _____