

## WITNESS STATEMENT

### EMPLOYEE INJURY REPORT - CITY OF CANTON

NAME OF INJURED EMPLOYEE: \_\_\_\_\_ DATE OF ACCIDENT: \_\_\_\_\_

NAME OF WITNESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

#### WITNESS' REPORT:

State the incidents in this accident witnessed by you (what happened, when, nature of injury, etc.)

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What, in your opinion, was the cause of the injury or accident? \_\_\_\_\_

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Was the proper PPE (Personal Protection Equipment) worn? \_\_\_\_\_ If yes, please give description of PPE worn at the time of the accident \_\_\_\_\_

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#### CERTIFICATION

Under penalties of falsification, I, the undersigned, have examined this statement and hereby certify that the information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE