PURDUE
UNIVERSITY

Worker's Compensation Witness Report Form

- Name of injured employee: _____
- Name of witness: _____
- Location where incident occurred: _____
- Date of incident: _____ • Time of incident: _____

1. What were you (the witness) doing at the time of the incident?

   _____

2. How and when did you become aware of the incident?

   _____

3. What did you hear at the time of the incident?

   _____

4. Describe what you saw at the time of the incident:

5. Who else was present?

   _____

6. Please relate any additional information you have pertaining to the incident:

- Witness's signature: _____ • Date signed: _____

Please use the back of this form if you need more space to provide complete information.
Fax the completed form to the Worker's Compensation Administrator at 765-496-1657. Thank you.