Northwestern

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Workers' Compensation Witness Accident Statement Form

WITNESS INFORMATION	
Witness Name	Witness Job Title
Witness Department	Witness Supervisor

ACCIDENT INFORMATION	
Accident Date	Accident Site/Location
Accident Time	Party Claiming Injury Name
Any Visible Injury Noticed	Work Being Performed During Incident

PLEASE STATE YOUR ACCOUNT OF THE INCIDENT

Witness Signature Today's Date

SUBMIT