

Kymerly Group Injury Investigation Witness Statement

Injured Worker: _____ Date of Injury: _____

Name of Witness: _____ Department: _____

Were you in the area where the accident happened? _____ Yes _____ No

Where exactly did the accident happen? _____

Did you see the accident happen? _____ Yes _____ No

The following is a brief description of what I witnessed: _____

Was it obvious that the employee was hurt? _____ Yes _____ No

What part of the body was injured (be specific)? _____

Was the employee using a tool or piece of machinery when injured? _____ Yes _____ No

Please describe: _____

Have you ever heard the employee complain of a similar injury? _____ Yes _____ No

Have you ever heard the employee talk about an on-the-job-injury before? _____ Yes _____ No

Are you aware of any other accidents (personal or on-the-job), the employee has had? _____ Yes _____ No

If Yes, please describe: _____

Did the employee violate a known safety rule? _____ Yes _____ No

Do you know for a fact that the employee was aware of the safety rules? _____ Yes _____ No

Do you know if all the employees were cautioned by a supervisor
or anyone else about unsafe work habits? _____ Yes _____ No

What do you think caused the accident?

- | | |
|--|-----------------------------------|
| _____ Unguarded Equipment | _____ Non-Employee |
| _____ Employee Carelessness | _____ Horseplay |
| _____ Deliberate violation of safety rules | _____ Poorly maintained equipment |
| _____ Another employee | _____ Pressure to work faster |

What can be done to prevent a similar accident in the future? _____

I am writing this witness statement at my own free will and was not coerced or threatened to write the above statement:

Print Name

Sign Name

Date

Please Fax to (407) 897-6509 or Email form to phil@kymerlygroup.com