



946 Owassa Road  
Newton, NJ 07860  
Phone: (973) 383-5008

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### Worker Injury/Incident Witness Report

Report Date: \_\_\_\_\_

Where you present when the injury/incident occurred? \_\_\_\_\_

Did you witness the injury/incident? \_\_\_\_\_

Can you describe the injury/incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If an injury/incident occurred, were you aware of it? If so, describe \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was a supervisor made aware of the injury/incident? If so, to whom \_\_\_\_\_

What actions were taken to resolve the injury/incident? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature