

City of Logansport

INJURY WITNESS STATEMENT

Witness Name:		Date:	
Department:			
Home Address:			
Cell Phone:			
ACCIDENT DETAILS			
Injured Employee:		Time:	
Date of Accident:			
Relationship:			

Witness Statement:

How did the accident occur? What did the witness observe? What did they do?

Witness Signature:	Date:
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Contact Person: Marla Evanich, HR

Phone: 574-725-2893