

Witness Incident Report

The purpose of this report is to prevent similar incidents from occurring. Remember, we are fact finding, not fault finding. Please make this report as accurate and thorough as possible.

Witness Name: _____ Time: _____ AM/PM

Job Title/Occupation: _____ Work Phone: _____

Incident: Near Miss Minor Injury Minor Illness Major Injury Major Illness

Incident Date: _____ Time: _____ AM/PM

Injured Employee: _____

Incident Description

Location of incident (entrance, loading dock, bathroom, etc.) _____

Describe in detail how the incident occurred and what the employee was doing when it occurred.

What unsafe act(s) or condition(s) contributed to the incident?

What body part(s) were affected?

What is at least one thing that can be done to prevent this type of incident from happening again?



Circle Affected
Body Part

Witness Signature: _____ Date: _____

This investigation is being conducted pursuant to the advice of counsel in anticipation of potential litigation. All information and recommendations are confidential.

The Hartford assists employers in evaluating workplace safety exposures. Surveys and related services may not reveal every hazard, exposure and/or violation of safety practices. Inspections by Hartford do not result in any warranty that the workplace, operations, machinery, appliances or equipment are safe or in compliance with applicable regulations. Any recommendations and related services are not and should not be construed as legal advice or be used as a substitute for legal advice. Employee protection is ultimately the responsibility of the employer. Policy coverage is not contingent upon the provision, efficacy or sufficiency of these services.