



County of DuPage

Injury/Illness Witness Statement

To be completed by witness of employee's work-related injury / accident.

1. Name of Injured Employee (Print): _____
2. Name of Witness (Print): _____
2. Supervisor of Witness (Print): _____
3. Department and Job Title: _____
4. When did you first become aware of the injury?: Date: _____ Time: _____
5. Location of Incident: _____
6. State in your own words what you observed:

Witness' Signature: _____ Date: _____