CITY OF RACINE WITNESS STATEMENT

Fax This Form to Human Resources at 262-636-9585

Witness Name:	Home Address:	
Home Phone:	Date of Birth:	
Person(s) Working With:	Date of Injury:	Time of Injury:

Area of Injury:

1☐ Head 2☐ Eye ☐L ☐ R 3☐ Back 4☐ Shoulder ☐ L ☐ R 5☐ Arm 6☐ Elbow 7☐ Wrist 8☐ Hand	9☐ Finger: Specify: 10☐ Chest 11☐ Abdomen 12☐ Pelvis 13☐ Hip 14☐ Leg ☐L ☐ R	15☐ Knee ☐L ☐ R 16☐ Ankle ☐L ☐ R 17☐ Foot ☐L ☐ R 18☐ Toe: Specify: 19☐ Other:_____

Type of Injury:

1☐ Abrasion 2☐ Amputation 3☐ Bite 4☐ Bruise 5☐ Burn 6☐ Concussion	7☐ Cut/Laceration 8☐ Foreign Body 9☐ Fracture 10☐ Hearing Impaired 11☐ Infection 12☐ Pain	13☐ Puncture 14☐ Rash/Dermatitis 15☐ Respiratory 16☐ Strain/Sprain 17☐ Exposure 18☐ Other:_____

Location of Incident:
Other Witnesses:
Describe What Happened:

Witness Signature:	Date Signed
Supervisor Signature:	Date Signed

EMAIL