

Newaygo Insurance Agency, INC
INJURY WITNESS STATEMENT

Witness Name:			Date:	
Department:				
Home Address:		City:	State:	Zip:
Home Phone:				
Accident Details				
Name of Injured Employee:				
Date of Accident:			Approximate Time of Accident:	
Does the witness know the injured party?			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Witness Statement

How did the accident occur? What did the witness observe? What did they do?
(Use additional sheets of paper, if more space is needed)

Witness Signature:	Date:
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Provided by: Newaygo Insurance Agency, Inc.
Tel: 231.652.1636