



**Workers' Compensation
Incident / Accident Investigation Narrative
Home Health Care**

Injured Employee's Name: _____ Today's Date: _____

Client Name: _____ Today's Time: _____

Department: _____ Injured employees supervisor (if known): _____

Witness Statement:

Your name has been provided as a potential witness to the alleged incident / accident. Through your cooperation, information can be obtained to complete our investigation into this incident / accident. Please complete the information below to the best of your recollection and return it to the investigator or your supervisor. All information gathered during our investigation will help use identify way's to prevent future injuries / accidents.

Name: _____ Title: _____

Address: _____ Personal Phone: _____

City, State, Zip: _____ Work Phone: _____

Did you observe the incident involving the above referenced individual? YES NO

If **No**,

How did you learn of the incident / accident? _____

If **Yes**,

Date of witnessed incident / accident: _____ Time of witnessed incident / accident: _____ AM PM

What did you observe? Please describe in detail: _____

(Please use back of sheet or an additional piece of paper if you need more space)

Who else was in the area and may have observed the incident / accident (Name/Title) _____

I acknowledge that the above statement is true and accurate to the best of my knowledge, based on what I observed, heard and/or smelled. I also acknowledge that knowingly providing false information to assist anyone in obtaining workers' compensation benefits is considered fraud. Worker's compensation fraud is a felony punishable by imprisonment, large fines and restitution.

Witness Name (Print): _____ Date: _____

Witness Signature: _____

If Necessary;

Interpreter Name (Print): _____ Date: _____

Signature: _____ Phone Number: _____

