



**WITNESS REPORT OF ACCIDENT**

Please Fax completed form to (904) 262-2760, Attention: Risk Management Dept.

WITNESS NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Please Print)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF INJURED EMPLOYEE: \_\_\_\_\_

NAME OF CLIENT COMPANY: \_\_\_\_\_

DATE/TIME OF ACCIDENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_

WHERE WERE YOU WHEN ACCIDENT OCCURRED? \_\_\_\_\_

WHAT WERE YOU DOING WHEN ACCIDENT OCCURRED? \_\_\_\_\_

DESCRIBE WHAT YOU SAW: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE THE INJURIES IN DETAIL: \_\_\_\_\_

\_\_\_\_\_

WHEN WAS A SUPERVISOR NOTIFIED? \_\_\_\_\_ BY WHOM? \_\_\_\_\_

NAME(S) OF OTHER WITNESSES: \_\_\_\_\_

\_\_\_\_\_

DESCRIBE ALL FACTORS YOU BELIEVE CONTRIBUTED TO THE ACCIDENT: \_\_\_\_\_

\_\_\_\_\_

ARE YOU RELATED TO THE INJURED EMPLOYEE? (Y) (N) IF YES, HOW? \_\_\_\_\_

\_\_\_\_\_  
(PRINTED NAME OF WITNESS)

( ) \_\_\_\_\_  
(PHONE)

\_\_\_\_\_  
(SIGNATURE OF WITNESS)

\_\_\_\_\_  
(DATE)

**MATRIX EMPLOYEE LEASING**

9016 Philips Highway

Jacksonville, Florida 32256

Phone: (904) 739-2722 Fax: (904) 262-2760