

CITY OF EAGAN WITNESS REPORT OF INJURY

Name of injured employee:

Name of Witness Completing Report:

Witness Phone #:

Date of injury: _____ Time of injury: _____

Body part injured and type of injury:

Did injury occur on employer's premises? Yes _____ No _____ If no, provide exact location of injury:

What was the employee doing at the time of injury? (Be specific: pounds being lifted, type of machinery in use, etc.)

How did the incident occur? What external factors or unusual circumstances may have contributed to the incident?

Were there others involved that caused the incident or contributed to the incident?

Was this part of the employee's regular job duties? _____ If not, explain: _____

List equipment used and how did the use impact the injury? Was there vehicle/equipment failure? If yes, describe.

Were proper safety precautions taken?

What measures can be taken to avoid a recurrence?

Witness signature:

Date: