D & H Alternative Risk Solutions Worker's Compensation Claims Ph: (973) 940-1851 Fax: (973) 940-1852 Contact Person: Kathleen Guze - Ext. 238

## WITNESS REPORT

Name of Witness:	Department:
Address of Witness:	Phone number:
Name of Injured:	Department:
Date of Accident:	Time:
In your own words, please describe in full detail how the accident occurred:	

Witness' Signature