

RUTHERFORD COUNTY GOVERNMENT
"ON-THE-JOB INJURY" WITNESS STATEMENT

Information: This form is to be completed by an individual that witnessed an incident relating to an on-the-job injury of any Rutherford County employee.

As is allowed by T.C.A. 50-6-106, Rutherford County has opted to withdraw from the Tennessee Workers' Compensation Act, and instead has chosen to implement an On-The-Job Injury Program administered by the Rutherford County Insurance and Risk Management Department.

Name of injured employee	<input type="text"/>	Date of Injury:	<input type="text"/>
Name of witness	<input type="text"/>	Phone number of witness	<input type="text"/>

What Job were you doing when the injury occur?

Did you actually witness the accident or injury? Yes No If "no" how do you know what happened?

What safety equipment was the injured employee wearing?

Was the injured employee required to wear safety equipment?
 Yes No If so what type?

Were any safety or work rules being violated at the time of the injury?
 Yes No If so what were they?

Was the injured employee performing their job?
 Yes No

What body part did the employee injury? (head, back, neck, etc)

Describe the injury. (strain, bruise, cut, etc)

What did the injured employee say at the time of the accident or injury?

Did the employee complain of pain? If so where?

In your own words, explain what the employee was doing and how the accident occurred:

In your opinion, could this accident have been prevented? Yes No Explain

Witness Signature: _____ Date: _____

OJI WITNESS STATEMENT