



Massachusetts

MIIA

Interlocal Insurance Association

Member Services

One Federal Street, Boston Massachusetts 02110

Toll Free (Mass): 888/266-6442

Fax: 617 753-9987

WITNESS STATEMENT

INJURED EMPLOYEE NAME: _____

DEPARTMENT: _____ **OCCUPATION:** _____

LOCATION ACCIDENT OCCURRED: _____

Briefly Describe How Injury Occurred: _____

Body Part(s) Involved: _____

Witness Signature: _____ *Date:* _____

Witness name (printed): _____

Witness occupation: _____