

WITNESS STATEMENT

Claimant's Name _____ Date of Injury _____

Your Name: _____

Your Address: _____

Your Telephone Number: _____ Your Place of Employment: _____

How long have you worked there? _____ Your job title: _____

Are you the injured employee's supervisor? _____ How long have you known the injured employee? _____

How did you come to know the injured employee? _____

State, in your own words, how this injury occurred: _____

When did the injured employee state the injury occurred: Date _____ Time _____

When did you first become aware of the injury? Date: _____ Time: _____

How did you first learn of the injury? _____

Did you learn of the injury by someone, other than the injured employee, telling you? Yes _____ No _____.

If yes, list the name of the person who and the date they first told you: _____

Did you see the injury occur? Yes _____ No _____

What did the injured employee first say to you about the injury? (Exact words as best you can remember) _____

When did the injured employee first say he/she felt pain? Date: _____ Time: _____

Witness Signature

Date

In your opinion, did the injury possibly occur other than as alleged by the injured employee? Yes _____

No _____ If yes, please state why? _____

To your knowledge, did the employee report the injury to his/her supervisor? Yes _____ No _____

If yes, when? Date _____ Time _____

Supervisor to whom injury was reported: _____

If you know the injury was reported to a supervisor, please state how you know this: _____

Were there any other witnesses to the injury? Yes _____ No _____. If yes, please

list the witnesses names: _____

List of member(s) / part(s) of body which the employee stated he/she injured? _____

If employee's lifting an object caused the injury, describe the object? _____

_____ Approximate weight of object? _____

Any other information you feel should be considered in evaluating this claim: _____

The above information is true and accurate to the best of my ability and recollection.

Witness Signature

Date