

Claimant's Name _____
Date of Injury: _____

WITNESS STATEMENT

Your Name _____ Address _____

Age _____ Telephone No _____ Place of employment _____

Length of Employment _____ Job Title _____

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

How did you come to know the injured? _____

State, in your own words, how this injury occurred.

When did the injured 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? _____ If yes, list the name of the person who and the date they first told you _____

What did the injured FIRST say to you about the injury?

Did you see the injury occur? _____ When did the injured first say he felt pain? _____

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

If yes, please explain _____

To your knowledge, did the employee report the injury to his supervisor? _____ If so, when? _____

Supervisor to whom injury was reported: _____

If you know the injury was reported to a supervisor, please state how you know.

Were there any other witnesses to the injury? _____

If yes, please list names. _____

List the parts of the body employee stated he injured _____

If 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.

Signature

Date