Claimant's Name : _____ DOI: _____

Witness Statement

Your Name: _____ Age:_____
Your Address: _____
Phone Number:_____ Job Title: _____
How long have you worked here?_____
How long have you known the claimant? _____

Did you see the injury occur? _____

How did the injury occur? (In your own words)

_____
_____
_____
_____

Did the injured employee state when the injury occurred or did you learn of this injury by someone other than the injured employee? _____

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

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

In your opinion, could the injury possibly have occurred other than as stated?_____
If yes, please state why: _____
_____
_____

Did the employee report the injury to his/her supervisor at the time it happened?
_____
If so, when? Date: _____ Time: _____

Which supervisor was it reported to? _____

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

Do you know of any other witnesses to this injury? _____
If yes, please list names:
_____

What part(s) of the body did the employee say that they injured?
_____

If there was an object involved that you feel caused the injury, describe the object: _____ Approx. lb. of object: _____

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

****By signing this witness statement, I find that the information I have provided is true and accurate to the best of my knowledge.**

Witnesses Signature: _____ Date: _____