SANTA PAULA UNIFIED SCHOOL DISTRICT

WITNESS STATEMENT

Name of Witness		Job Title
Department Name		Supervisor
Name of Victim	Date of Injury, Illness, or Exposure	Time of Injury, Illness, or Exposure
How do you know the victim?		

Type of injury, illness, or incident and all parts of body affected
(cut, strain, fracture, rash, etc. to right index finger, low back, left wrist, etc.)

Equipment, materials, and/or chemicals victim was using when the injury, illness, or event occurred.

Specific activity victim was performing when the injury, illness, or event occurred.

Was the victim(s) performing regular job duties at the time of the injury, illness, or event occurred?
(If not, please explain)

Please describe in your own words, anything you saw that was related to the injury, illness, or event.
(Please describe fully the events that resulted in the injury, illness, or event. Use **Continuation Sheet** if necessary)

Please describe in your own words, anything you heard that was related to the injury, illness, or event.
(Please describe fully the events that resulted in the injury, illness, or event. Use **Continuation Sheet** if necessary)

Is there anything you know that leads you to believe that this injury or illness did not happen at work?

I certify that this is an accurate statement in my own words, of the events I saw and/or heard about the injury, illness or accident of my coworker and events leading to such result

Signature	Date
Home Address	Telephone Number

Please return this form to the victim's supervisor when completed

SANTA PAULA UNIFIED SCHOOL DISTRICT

WORKER'S COMPENSATION WITNESS STATEMENT

Continuation Sheet

"Any person who makes, or causes to be made any knowingly false or fraudulent material statement, or material representation, for the purpose of obtaining or denying worker's compensation benefits or payments, is guilty of a felony."

Date: _____

Claimant Name: _____

Witness Name: _____

Statement:

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"I swear, or affirm, that the foregoing statement is true to the best of my knowledge."

_____ _____

Name Date