

OSAG

**WITNESS/CO-WORKERS STATEMENT**

I, \_\_\_\_\_ was present at the time that employee  
(Witness name)

\_\_\_\_\_ was reported to have received an on-the-job injury.  
(Injured employee)

I did \_\_\_\_\_ did not \_\_\_\_\_ witness the injury that occurred.

The following is a brief description of what I observed on \_\_\_\_\_ at  
(Date)  
approximately \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_  
(Time)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and complete.*

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
EMPLOYER

**SEND ORIGINAL TO:**

**CONSOLIDATED BENEFITS RESOURCES**

Post Office Box 581630  
Tulsa, Oklahoma 74158-1630  
918.594.5170 *telephone*  
800.826.0419 *toll free telephone*  
918.594.5171 *facsimile*  
888.594.5171 *toll free facsimile*

**RETAIN COPY FOR YOUR FILE**

*Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.*