

# 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: \_\_\_\_\_

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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) \_\_\_\_\_

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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? \_\_\_\_\_

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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? \_\_\_\_\_

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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: \_\_\_\_\_

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

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date