

WITNESS STATEMENT

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WITNESS NAME

JOB TITLE/POSITION

DATE OF STATEMENT

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INJURED WORKER

DATE OF INCIDENT

TIME OF INCIDENT

Give a factual statement of your observation preceding, during and following the occurrence:

The above statement is a complete compilation of my understanding of the incident. I understand that this is a confidential statement, which i agree not to share without the expressed permission of this company or by court order.

Witness Signature	Date