

Workers' Compensation Witness Statement

FULL NAME OF WITNESS	JOB TITLE OF WITNESS
IN YOUR OWN WORDS, WRITE WHAT YOU PERSONALLY WITNESSED (NOT WHAT WAS TOLD TO YOU BY OTHERS)	
WHAT DATE AND TIME DID YOU WITNESS THE ABOVE ACCIDENT?	
WHEN YOU WITNESSED THE ACCIDENT, WHERE WAS THE INJURED EMPLOYEE?	
AT ANY TIME DID THE INJURED EMPLOYEE ASK FOR MEDICAL TREATMENT OR COMPLAIN ABOUT ANY SPECIFIC LOCATION OF PAIN? IF SO, PLEASE SPECIFY	
WHAT, IF ANYTHING DID THE INJURED EMPLOYEE SAY OR DO?	
HAVE YOU SPOKEN WITH THE INJURED EMPLOYEE SINCE THE ACCIDENT DATE? IF SO, WHAT WAS THE NATURE OF THE CONVERSATION?	
PLEASE IDENTIFY ANY OTHERS WHO WERE PRESENT WHEN YOU WITNESSED THE ACCIDENT.	
DID YOU REPORT ANYTHING TO HUMAN RESOURCES OR SUPERVISORY STAFF ABOUT WHAT YOU WITNESSED?	
DID YOU NOTICE ANY SUBSTANCE OR OBJECT THAT APPEARED TO CONTRIBUTE TO THE INJURY? IF SO, PLEASE IDENTIFY THAT SUBSTANCE OR OBJECT.	

I CERTIFY THAT THE ABOVE STATEMENTS MADE BY ME ARE TRUE AND CORRECT. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I MAY BE SUBJECT TO DISCIPLINARY ACTION BY MY EMPLOYER.

SIGNATURE OF WITNESS	SUPERVISOR'S SIGNATURE AND I.D.	DATE
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