**Witness Statement**

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| Injured Employee       |
| Name of witness       | Home Telephone # (   )       |
| Address       |
| City       | State        | Zip       |
| Work Telephone # (   )       |
| Relationship to injured worker       |
| Date of Accident       | Time of Accident        |
| Other employees involved in accident       |
| Other employees who witnessed accident       |
| Were you in the area where the accident happened? [ ]  Yes [ ]  No |
| Did you see the accident happen? [ ]  Yes [ ]  No |
| Was it obvious the employee was hurt? [ ]  Yes [ ]  No |
| Was employee using a tool or machinery when injured? [ ]  Yes [ ]  No |
| Have you ever heard the employee complain of a similar injury? [ ]  Yes [ ]  No |
| Have you ever heard the employee talk of any other on-the-job injury? [ ]  Yes [ ]  No |
| Did the employee violate a safety rule? [ ]  Yes [ ]  No |
| Was the employee ever warned about unsafe work habits? [ ]  Yes [ ]  No |
| Explain exactly what happened (continue on a separate sheet if necessary): |
|       |
|       |
| Where did it happen?       |
| What part of the body appeared to be injured?       |
| What do you think was the cause of the accident?       |
|       |
| What do you think could have prevented the accident from happening?       |
|       |
| The following is my statement of what I heard the injured employee sat (continue on separate sheet if necessary): |
|       |
| Additional comments: |
|       |

**The above statement is a true and correct account of what I observed and heard.**

Signature of Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness to Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*It is a crime to knowingly provide false, incomplete, or misleading information to any party to a workers’ compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines, and denial of insurance benefits.*