



WITNESS STATEMENT

COMPLETE ALL BLANKS

Name of STAR HR's Client Employing Injured Worker

Name of Witness: _____ Date of This Report: ____ / ____ / ____

Witness's Employer: _____ Witness Phone #: _____

Name of Injured Worker: _____ Injured Worker's Employer: _____

Date of Incident: ____ / ____ / ____ Time of Incident: _____

Client Where Incident Occurred (for staffing companies only): _____

Address Where Incident Occurred: _____

Are you related to the injured worker? (circle one) NO / YES If "YES," list your relation: _____

How long have you known the injured worker? _____

Did you actually see the incident? _____

Explain, in detail, what you saw or know regarding this incident: _____

List the names of any other persons who may have information regarding this incident: _____

Is there any other information that you know that would assist in providing a fair evaluation of this incident?

Print Name: _____ Signature: _____

Phone Number: _____ Date Signed: ____ / ____ / ____

By signing this form, you acknowledge your understanding that any person who knowingly submits false or fraudulent information is guilty of a crime and may be subject to fines and/or confinement in state prison.

*****DUE WITHIN 24 HOURS OF ACCIDENT*****