Instructions
Witness Statement

Deadline for Submission:
This form should be completed and submitted within 2 business days.

Completed by:
This form should be completed by a witness who may have actually seen the incident or may have acquired knowledge about the accident from another source. The witness may provide information as to how the incident occurred or some other information related to the accident.

Instructions:
1. If possible the statement should be typewritten. If it must be handwritten, PLEASE PRINT to ensure legibility.
2. Check the first or second box and fill in the blanks following those boxes, as appropriate. Be specific and complete. Sometimes you will be given a witness name but, when asked, denies any knowledge of the incident. In such a case the third box should be checked.
3. If the space provided on the form is insufficient please attach additional sheets. Be as specific and complete as possible.
4. The supervisor is responsible for ensuring the witness statement is submitted to Risk Management.
WITNESS STATEMENT

MUST BE TYPED

Injured Employee ____________________________

OR PRINTED

SORM Claim Number  WC ______________________

Date of Injury ______________________________

Statement Taken By __________________________

Witness Name:__________________________________  Witness email address:________________________

Residence Address:______________________________

Primary Telephone:______________________________  Secondary Telephone:________________________

Witness Employer:________________________________

On this date, ______________________, at about __________ PM / AM I was in or at (clearly state your own location)
_________________________________________________ when an accident involving the above employee is reported to have occurred.

Check only one box

☐ I saw the incident.  The accident occurred in the following manner:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Other pertinent information and source: ____________________________

______________________________________________________________________________

______________________________________________________________________________

☐ I did not see the incident. Information given to me by (name of person) __________________________ indicates it occurred as follows:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Other pertinent information and source: __________________________

______________________________________________________________________________

______________________________________________________________________________

☐ I know nothing whatsoever about the occurrence.

____________________________  ___________________
Signature                      Date