

## **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  
OR PRINTED**

Injured Employee \_\_\_\_\_  
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