



**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