

**WITNESS STATEMENT
TO BE COMPLETED BY WITNESS**

Injured Employee Name _____ Date of Injury ____ / ____ / ____ Store No _____

To be completed as soon as possible following accident.

1. Name of witness _____ Phone No. (____) _____ - _____

2. Address _____

3. Employed by _____ Department _____ Title _____

4. If not employee, reason for presence at location of employee injury _____

5. Are you related to injured employee? _____ If yes, how are you related? _____

6. How long have you known this employee? _____

7. Please explain in detail what you know about the accident: _____

8. Did you actually see this accident? _____ If not, how did you hear about it? _____

9. Did this employee ever talk to you about getting hurt on the job? _____ If so, how soon after the accident did this conversation take place? _____

10. Do you know of any other injury, accident or illness that this employee has had? _____
If yes, explain. _____

11. Give the names and addresses of any of the persons who might know about this accident. _____

12. Additional Comments: _____

Have you read the above and is it true and correct to the best of your knowledge? _____

X: _____ / ____ / ____
WITNESS SIGNATURE DATE

X: _____ / ____ / ____
WITNESS BY SIGNATURE DATE

WITNESSED BY (PLEASE PRINT)

**Submit this report to your store owner operator promptly & fax to
Sedgwick, Attn: Chuck Eastwood. Fax # 210-332-1590**