Claimant's Name : _	DOI: Witness Statement
	Age:
Your Address:	Job Title:
How long have you y	worked here?
	known the claimant?
110 W 1011g Have your	Did you see the injury occur?
How did the injury of	occur? ( <u>In your own words</u> )
Did the injured empl	loyee state <u>when</u> the injury occurred or did you learn of this injury by someone
other than the injure	ed employee?
When were you first	aware of the injury? Date: Time:
When did the injure	d first say he/she felt pain? Date: Time:
	ld the injury possibly have occurred other than as stated?hy:
Did the employee rep	port the injury to his/her supervisor at the time it happened?
If so, when? Date:	Time:
Which supervisor wa	as it reported to?
If you know that the	injury was reported to a supervisor, please state how you know this:
Do you know of any	other witnesses to this injury?
If yes, please list nan	
What part(s) of the b	body did the employee say that they injured?
If there was an object	ct involved that you feel caused the injury, describe
-	Approx. lb. of object:
Any other information	on you feel should be considered in evaluating this claim?
	tness statement, I find that the information I have accurate to the best of my knowledge.
Witnesses Signature	: Date: