

# EDELMAN

## WITNESS STATEMENT

Use Back of Form If Necessary

Name of Injured Worker \_\_\_\_\_ Claim Number \_\_\_\_\_

Date and Time of Injury \_\_\_\_\_ 20\_\_ \_\_\_\_\_ AM/PM

Place of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Description of Accident \_\_\_\_\_

Did you see the accident? \_\_\_\_\_

Did you hear about the accident? \_\_\_\_\_

Describe how you heard about the accident \_\_\_\_\_

Who told you about the accident? \_\_\_\_\_

When were you told about the accident? (Exact date) \_\_\_\_\_

How was the accident described to you by the injured worker? \_\_\_\_\_

Was there anyone else aware of the accident? (Name)

List the part of the body that you know was injured. \_\_\_\_\_

Describe any known previous injuries or problems the injured person had with the same part of the body \_\_\_\_\_

Any other relevant information you wish to provide \_\_\_\_\_

Remarks \_\_\_\_\_

Date of Report \_\_\_\_\_

Signature \_\_\_\_\_