

EDELMAN

WITNESS STATEMENT

Use Back of Form If Necessary

Name of Injured Worker/Customer _____ 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/customer? _____

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 _____