

WITNESS/CO-WORKERS STATEMENT

I, _____ was present at the time that employee
(Witness name)

_____ was reported to have received an on-the-job injury.
(Injured employee)

I did _____ did not _____ witness the injury that occurred.

The following is a brief description of what I observed on _____ at
(Date)
approximately _____ a.m. _____ p.m. _____
(Time)

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are correct and complete.

Witness Date

EMPLOYER

SEND ORIGINAL TO:

CONSOLIDATED BENEFITS RESOURCES
Rquv'Qhleg'Dqz "35992"
Qmcj qo c'Ekv{.'Qmcj qo c'95335"
6270 6: 65: 9"vgr j qpg"
: 220: 4407955"qmiltgg"vgr j qpg"
6270 62064; : "hceuko kg"
: 220: ; : 8687"qmiltgg'hceuko kg

RETAIN COPY FOR YOUR FILE

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.