

USSIC EMPLOYER REIMBURSEMENT

13403 Northwest Freeway, Houston, TX 77040



WITNESS STATEMENT

Name of Company: _____ Date of incident: _____

Name of Injured Employee: _____

Name of Witness: _____

Address: _____ Phone # _____

Same employer as injured employee: _____ Yes _____ No

If not, employed by: _____ Employer's Phone # _____

Are you related to the injured employee? _____ Yes _____ No

If "yes", how? _____

How long have you known this employee: _____

Please state the date: _____ and time: _____ of the injury.

Did you actually see this injury happen? : _____ Yes _____ No

If "no", how do you know about it?

How near to the injured employee were you at the time of the injury?

Please explain in detail what you know about this incident:

Did this employee ever talk with you about getting hurt on the job? _____ Yes _____ No

If "yes", when did this conversation take place? _____ Date _____ Time

What did the employee say?

Do you know of any other injury, accident or illness this employee has had?

_____ Yes _____ No If "yes", explain:

Give the names of any other persons who might know about this accident/injury:

Additional comments:

To the best of my knowledge, this statement is true and correct.

Signature and email of Witness: _____ Date Signed: _____