Witness Statement

In your own words, please provide a detailed description of what you witnessed related to the Workers' Compensation injury sustained by _____.

There were no witnesses to the actual injury. Joseph was shaking parts out of blanks, when he went to place the blank in the scrap bin a corner poked through his glove and into his hand. He then notified his supervisor and went to the doctor.

_____ _____ _____

Witness Signature | Witness name (printed) | Date signed

Phone: _____ Thank you, Employer Solutions Staffing Group