

# WITNESS STATEMENT

**Name of Witness:**

**Home Address:**

**Telephone:**

**Name of Injured Employee:**

**Date of Incident/Injury:**

**Time of Occurrence:**

**AM/PM**

**Where did incident/injury occur? Be specific.**

**How close were you when the incident/injury occurred?**

**Did you see it happen?  
Y or N**

**If not, how soon after did you arrive?**

**Please provide a detailed statement of what happened. Be specific.**

**Were there any other witnesses?  
Y or N or Not Sure**

**If yes, please provide names.**

As a witness, your name and telephone number will be shared with TASB-RMF. You may be contacted by TASB-RMF for clarification of information provided in your statement. If you receive a call from TASB-RMF, please respond to them promptly. Your quick response will allow the claim adjusters the ability to quickly and efficiently process the claim for the injured party.

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**Witness Printed Name**

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**Witness Signature**

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**Date**