

WITNESS/CO-WORKERS STATEMENT

I, _____ was present at the time that employee
_____ was reported to have received an on-the-job injury.

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

The following is a brief description of what I observed on _____ at approximately _____ a.m./p.m.

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

Witness Date

Employer

Send Original To:
CONSOLIDATED BENEFITS RESOURCES
Post Office Box 581630
Tulsa, Oklahoma 74158-1630
918.594.5170 *telephone*
918.594.5171 *facsimile*

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