

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

Southwestern Oklahoma State University

Employer

Send Original To:
AmTrust Insurance
P.O. Box 89404
Cleveland, OH, 44101,
Amtrustclaims@amtrustgroup.com

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