

## **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.*

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## Witness

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Date

Southwestern Oklahoma State University

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**Employer**

**Send Original To:**  
AmTrust Insurance  
P.O. Box 89404  
Cleveland, OH, 44101,  
[Amtrustclaims@amtrustgroup.com](mailto:Amtrustclaims@amtrustgroup.com)

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