



WITNESS/CO-WORKERS STATEMENT

I, _____ was present at the time that employee
(Witness name)

_____ was reported to have received an on-the-job injury.
(Injured employee)

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

The following is a brief description of what I observed on _____ at
(Date)

approximately _____ a.m. _____ p.m. _____.
(Time)

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

Witness Date

EMPLOYER

SEND ORIGINAL TO:
Consolidated Benefits Resources, L. L. C.
P.O. Box 581630
Tulsa, OK. 74158-1630
(918) 594-5170
(800) 826-0419 (toll free)
(918) 594-5171 (fax)
(888) 594-5171 (toll free fax)

RETAIN COPY FOR YOUR FILE

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