

Statement Of On-The-Job Injury/Illness

Injured Employee                       Witness

Name of Employee: \_\_\_\_\_  
*Please Print*

Date of Injury/Illness: \_\_\_\_\_

Time of Injury/Illness occurred \_\_\_\_\_

**Statement:** \_\_\_\_\_  
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I hereby certify that the foregoing statement is, to the best of my knowledge, an accurate and true description of the occurrence.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_