

## SUPERVISOR STATEMENT

SUPERVISOR'S NAME: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

EMPLOYEE'S NAME \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_  AM  PM

LOCATION OF INCIDENT: \_\_\_\_\_

1. DESCRIBE WHAT HAPPENED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. IN YOUR OPINION, WHAT CAUSED THE ACCIDENT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PLEASE NAME ANY OTHER WITNESSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ARE YOU QUESTIONING THE CLAIM? YES \_\_\_\_\_ NO \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_