WITNESS STATEMENT
(SORM-74)

MUST BE TYPED
OR PRINTED

Claimant ___________________________________
Employer ___________________________________
Date of Injury _______________________________
Statement Taken By _________________________

Witness Name: ____________________________________ Age: ___________
Residence Address: _______________________________
Home Telephone: __________________ Work Telephone: __________________
Employer: ______________________________________
On ____________________, 20_____, at about ___________ p.m./a.m., I was
in or at (clearly state your own location) ________________________________________________

when an accident involving the above employee is alleged to have occurred.

(check only one box)

☐ I saw the accident.
   The accident occurred in the following manner:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Other pertinent information and source: __________________________________________
   ____________________________________________________________
   ____________________________________________________________

☐ I did not see the accident.
   Information given me by (name of person) _________________________ indicates it occurred as follows:
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Other pertinent information and source: __________________________________________
   ____________________________________________________________
   ____________________________________________________________

☐ I know nothing whatsoever about the occurrence.

Signature __________________________ Date ____________

Notice: With few exceptions, an individual is entitled, on request, to be informed about the information that a state governmental body collects about the individual. Under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information. Under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

Form No. SORM-74 Rev. 9-98

Attachment C
PP/OP 02.02
January 7, 2010