

Injured worker SIGNS, returns to employer's office  
Employer returns to S & C CLAIMS SERVICES, INC.



**S&C Claims Services**  
SUPERIOR & COMPREHENSIVE

S & C CLAIMS SERVICES, INC.  
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**WITNESS ACCIDENT STATEMENT**  
**DECLARACION DEL TESTIGO QUE PRESENCIO EL ACCIDENTE**

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location of Accident: \_\_\_\_\_  
Fecha del Accidente: \_\_\_\_\_ Lugar del Accidente: \_\_\_\_\_

Injured Worker's Name: \_\_\_\_\_  
Nombre del Empleado Lesionado: \_\_\_\_\_

Witness Name: \_\_\_\_\_  
Nombre del Testigo: \_\_\_\_\_

Witness Home Address: \_\_\_\_\_  
Direccion del Testigo: \_\_\_\_\_

Witness Home Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Numero de Telefono del Testigo: \_\_\_\_\_ Edad: \_\_\_\_\_ Sexo: \_\_\_\_\_ Hombre \_\_\_\_\_ Mujer

Witness Job Title: \_\_\_\_\_  
Ocupacion del Testigo: \_\_\_\_\_

Where did the accident occur? \_\_\_\_\_  
Donde ocurrio el accidente: \_\_\_\_\_

LOCATION OF ACCIDENT/UBICACION DEL ACCIDENTE \_\_\_\_\_  
Job site – Facility/ Sitio De Trabajo : \_\_\_\_\_  
Name & Address/Nombre y Direccion \_\_\_\_\_

What were you doing at the time of the accident? (Please be specific. Name machine, tool, vehicle, substance, etc.):  
*Que estaba haciendo en el momento que ocurrio el accidente? (Por favor, especifique. Mencione maquinaria, herramienta, vehiculo, substancia, etc.)* \_\_\_\_\_

Describe in your own words how the accident occurred (Please be specific. Name machine, tool, vehicle, substance, etc.):  
*Describe en sus propias palabras como ocurrio el accidente. (Por favor, especifique. Mencione maquinaria, herramienta, vehiculo, substancia, etc.)* \_\_\_\_\_

What was the injured person doing when the injury/illness occurred?  
*Que estaba haciendo la persona lesionada cuando la lesion o enfermedad ocurrio?* \_\_\_\_\_

**OVER**

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**Continued**

Describe the injury/illness:

*Describe la lesion o enfermedad:* \_\_\_\_\_

\_\_\_\_\_

Specifically, what did anyone do, or fail to do, that caused the accident:

*Especifique claramente que hicieron o dejaron de hacer las demas personas para que este accidente ocurriera?*

\_\_\_\_\_

\_\_\_\_\_

What did you do after the accident?

*Que hizo usted despues del accidente?* \_\_\_\_\_

Were there any other witnesses?

Yes/Si

No

*Hubo algun otro testigo?*

If "YES," give names and addresses or means of contact to them:

*Si asi fue, favor de facilitar nombres, direcciones o algun otro metodo para obtener informacion adicional:*

\_\_\_\_\_

\_\_\_\_\_

Did you seek medical attention?

Yes/Si

No

*Solicito usted atencion medica?*

If "YES," when:

*Si contesto SI, cuando:* \_\_\_\_\_

Physician's name and address:

*Nombre del Medico y direccion:* \_\_\_\_\_

How can this type of accident be avoided in the future?

*Como se podria evitar este tipo de accidente en el futuro?* \_\_\_\_\_

\_\_\_\_\_

I understand that falsification of this statement, or any misrepresented information contained in this statement, can result in disciplinary action.

*Entiendo que falsificacion de esta declaracion o dar informacion erronea en esta declaracion puede resultar en accion disciplinaria*

\_\_\_\_\_  
Signature/Firma

\_\_\_\_\_  
Date/Fecha