WITNESS INFORMATION FORM

This form must be completed by the injured employee's supervisor or other department designee within 72 hours of the incident. Attach to the *Employer's Report of Occupational Injury or Illness* (SCIF 3067). If completed after the SCIF 3067 has been submitted, forward it to your departmental Health and Safety/Workers' Compensation Unit. This information will be sent to the State Compensation Insurance Fund office adjusting this claim.

INJURED EMPLOYEE

DATE OF CLAIMED INJURY OR ILLNESS

INJURED EMPLOYEE WORK LOCATION

WITNESS, POTENTIAL WITNESSES, AND /OR KNOWLEDGEABLE PERSONS

The persons below have been identified as having witnessed, or having knowledge about, the claimed work-related injury or illness. The persons listed may be asked to provide testimony surrounding the facts of the claim before the Workers' Compensation Appeals Board.

(If more space is needed, use other side of this form.)

TITLE	NAME	PHONE NUMBER
WORKERS' COMPENSATION SPECIALIST (CENTER CLERK AND TIMEKEEPER)		
WORKERS' COMPENSATION UNIT (RETURN TO WORK COORDINATOR)		
1ST LINE SUPERVISOR		
2ND LINE SUPERVISOR		
List other potential witnesses below:		
1.		
2.		
3.		
4.		
5.		
6.		

COMPLETED BY (Supervisor or Designee) ▶ DATE

State of California
WITNESS INFORMATION FORM
CCC 50 (Revised 03/09)

California Conservation Corps

WITNESS STATEMENT OF FACTS

Name of Witness: _____ ***Unit Name*** _____

Please check one of the boxes:

- ☐ ***I actually saw the Incident***
- ☐ ***I was informed of the Incident by another person***

Please provide the date, time and location of the incident:

Date of Incident: _____ Specific Location of Incident: _____

Time of Incident: _____ _____

Please provide a clear and detailed description of the Incident. (Include the names of any other employees who may have heard or seen the incident.) Use additional paper if necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I, _____, freely and voluntarily submit the above statement. Under penalty of perjury, I affirm that the statement provided is true and correct to the best of my knowledge and belief.

Signature: _____ ***Date:*** _____

IF STATEMENT IS TRANSCRIBED BY SOMEONE OTHER THAN THE WITNESS:

I, _____, freely and voluntarily give this statement to_____.
I have read the foregoing statement and, under penalty of perjury, affirm that the statement is true and correct to the best of my knowledge and belief.

Signature: _____ ***Date:*** _____