



Injured worker must sign & return to employer's office.  
Employer returns to Benchmark Administrators, LLC.



**WITNESS ACCIDENT STATEMENT**  
***DECLARACION DEL TESTIGO QUE PRESENCIO EL ACCIDENTE***

**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