



### SUPERVISOR STATEMENT OF INJURY

\_\_\_\_\_  
(Employee’s Full Name) (CWID #) (Date of Incident)

Please include location of accident, date and time, witnesses, physical injury to employee, how it happened and all other related information as described below.

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The information I have provided in this report is true and correct to the best of my knowledge.

\_\_\_\_\_  
(Supervisor’s Signature) (Statement Date) (Time)