



Accident Witness Statement

Your Name:	Phone #:	Date: 12/10/2019
Your Address:		
Who was injured/involved in the incident:		
Describe fully how accident occurred: (Please be as specific as possible)		
Signature:		

**ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: workcomp@utpgroup.com
If you fill this out at our website; (utpgroup.com) it will be emailed to me when you click submit.**