



Accident WSADitness Statement

<b>Name:</b>	<b>Phone #:</b>	<b>Date</b>
<b>Describe fully how accident occurred: (Please be as specific as possible)</b>		
<b>Signature</b>		

**ONCE FORM IS COMPLETED FAX TO: (801)328-1307 or E-MAIL: [julie@utpgroup.com](mailto:julie@utpgroup.com)**

Your address:

Injured Workers Name: