



WITNESS STATEMENT OF EMPLOYEE INJURY

WITNESS NAME: _____ CONTACT PHONE: _____

JOB TITLE: _____ DISTRICT EMPLOYEE? YES NO

HOME ADDRESS: _____

NAME(S) OF INJURED EMPLOYEE: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ AM PM

SITE AND EXACT LOCATION OF ACCIDENT: _____

1. PLEASE DESCRIBE THE ACCIDENT: _____

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES TO THE ACCIDENT? _____

3. PLEASE NAME ANY OTHER WITNESSES: _____

WITNESS SIGNATURE _____ DATE _____