

EDUCATIONAL SERVICE DISTRICT 105
WITNESS STATEMENT

SCHOOL DISTRICT: _____ INJURED PERSON'S FULL NAME: _____

WITNESS INFORMATION

Name: _____

Home Address: _____

Telephone No.: _____

WITNESS STATEMENT

Date and time of injury: (Month) _____ (Day) _____ (Year) _____ at _____ AM / PM

Location of Accident: _____

_____ Describe, in detail,
what happened (use back of form if necessary):

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— _____

Nature of injury (list affected body part or parts)

_ Did worker report an injury? Yes No If yes, date: _____

What were you doing when the accident occurred?

How far were you from the injured person when the accident occurred?

_ If any vehicles or machinery were involved in the accident, name equipment and its connection with the accident
below:

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- _____

OTHER WITNESSES PRESENT:

Name: _____	Name: _____
_____	_____
_____	_____

Witness signature: _____ Date: _____