

**Mississippi School Boards Association  
Workers' Compensation Trust**

**Voluntary Witness Statement**

Date Occurred: \_\_\_\_\_ Time Occurred: \_\_\_\_\_

Name of School/Address of School: \_\_\_\_\_  
\_\_\_\_\_

Name of Person Giving Statement: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ Alt Phone: (    ) \_\_\_\_\_

Statement is in regard to (name of person(s) involved in incident, if known):  
\_\_\_\_\_

Location of Occurrence: \_\_\_\_\_

Did you see the incident occur:    Yes    or    No    (circle one)

Written Statement:    Please describe in detail what you witnessed on the above date:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read this statement and I affirm to the truth and accuracy of the facts contained herein.  
This statement was completed at :

(location) \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_ am/pm

\_\_\_\_\_  
Signature Person Making Statement

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Witness to Statement/Title

\_\_\_\_\_  
Date