



Office of Human Resources & Employee Relations

Witness Statement

Witness' Name: _____

Residence Address: _____ City: _____ St: _____

Zip Code: _____ Residence Telephone #: () _____

Position/Occupation: _____ Employer: _____

District Extension: _____ Did you witness the accident: Yes ___ No ___

Date of accident: _____ Time: _____ a.m. p.m.

Location of Accident: _____

Describe how the accident occurred and who or what was involved (use backside or additional sheet if necessary): _____

Any other information regarding the accident? _____

Witness signature: _____

Date: _____