

Witness Statement Report Eagle Mountain - Saginaw Independent School District

Name of Injured Party:	Date of Accident (mm/dd/yyyy):
Witness Name:	Witness 3 K R Q H 1 X P E H U
Witness Email Address :	Witness Department:
Witness Statement	
On _____ (date), 20 ____ (year), at approximately _____ am/pm,	
I was in or at _____ (clearly state your location)	
when an accident involving the above employee occurred.	
Check Only One Box Below	
<input type="checkbox"/> I saw the accident. The accident occurred in the _____ (please describe in as much detail as possible)	
<input type="checkbox"/> I did not see the accident. Information given to me by _____ (name) indicates the accident occurred as follows: (please describe in as much detail as possible)	
Witness Signature:	Date:

The information, I have provided in this report is accurate to the best of my knowledge.

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