

WITNESS STATEMENT

Instructions: Complete this form in its entirety.

CONTACT INFORMATION	
Name:	School:
Phone #:	Room #:
Date of Incident:	Position:
STATEMENT	
Describe what you know about the accident- what you saw or heard, what you were doing before the incident,	
what you did after the incident. (If more space is needed, please attach a second page)	

The information I have provided in this report is true and correct to the best of my knowledge. The information report contains everything I can recall.

Witness Signature

Date