



LOS ALAMITOS UNIFIED SCHOOL DISTRICT
EMPLOYEE/WITNESS REPORTING FORM

Employee/Witness Name: _____ Title: _____

RE: _____ Work Phone: _____

Date of Accident: ____/____/____
Approximate Time of Accident: _____ AM
PM

Witness Description of Accident: _____

In your opinion, what do you think was the:

Primary cause of the accident? _____

Contributing cause of the accident? _____

What actions do you think could have prevented the accident or may prevent recurrence?

Employee/Witness Signature

Print Name

Date

Supervisor Signature

Print Name

Date