



VICTOR VALLEY UNION HIGH SCHOOL DISTRICT  
16350 Mojave Drive  
Victorville, CA 92395  
(760) 955-3201

**WITNESS STATEMENT OF EMPLOYEE INJURY**

WITNESS NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ DISTRICT EMPLOYEE?  YES  NO

HOME ADDRESS: \_\_\_\_\_

NAME(S) OF INJURED EMPLOYEES: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ TIME OF INJURY: \_\_\_\_\_  AM  PM

SITE AND EXACT LOCATION OF ACCIDENT: \_\_\_\_\_

1. PLEASE DESCRIBE THE ACCIDENT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES TO THE ACCIDENT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PLEASE NAME ANY OTHER WITNESSES: \_\_\_\_\_  
\_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_