

Mesquite ISD Workers' Compensation
Employee/Witness Written Statement

Injured Employee: _____ Campus: _____

Date of Injury: _____ Injured Employee Witness

- Specific activity the employee was engaged in prior to injury occurrence:
(Example: walking student from cafeteria to classroom)

- How did the injury occur? Provide detailed sequence of events and body parts injured
(include left/right, upper/lower):
(Example: while walking in hallway, slipped on wet substance, fell and hit left knee on floor)

Date: _____

Signature

Print Name