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: where [classroom, hallway, parking lot], what happened to cause injury, and body part(s) injured [include left/right, upper/lower]

  _____

  _____

  _____

  _____

  _____

  _____

  _____

  _____

  _____

  _____

Date: _____

_____ _____

Signature Print Name