

FERNDALE SCHOOL DISTRICT #502 WITNESS ACCIDENT REPORT

Witness Name	Home Phone
Witness Employer	Work Phone
Name of Injured Person	
Injured Person's Employer	
Date of Incident	Time of Incident AM / PM

What were you doing at the time of the incident?

Describe the accident in detail including equipment, object or substance involved:

Was there any other person, company or equipment involved that contributed to the accident? If so, please provide names and telephone number if possible and explain the circumstances.

Any other comments?

Witness Signature	Date
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