

**ESD 105/SELAH SCHOOL DISTRICT  
WITNESS STATEMENT**

**(Please complete within 24 hours of accident and submit to District Office)**

INJURED PERSON'S FULL NAME: \_\_\_\_\_

**WITNESS INFORMATION**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**WITNESS STATEMENT**

Date and time of injury: (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) \_\_\_\_\_ at \_\_\_\_\_ AM / PM

Location of Accident: \_\_\_\_\_

Describe, in detail, what happened (use back of report if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nature of injury (list affected body part or parts) \_\_\_\_\_

Did worker report an injury?  Yes  No If yes, date: \_\_\_\_\_

What were you doing when the accident occurred? \_\_\_\_\_

How far were you from the injured person when the accident occurred? \_\_\_\_\_

If any autos or machinery were involved in the accident, name equipment and its connection with the accident below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER WITNESSES PRESENT:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness signature: \_\_\_\_\_

Date: \_\_\_\_\_