School District of DeSoto County
530 LaSolona Avenue
Arcadia, FL 34266

Witness Statement

Date: _____

Witness Name_____

Name of Person injured _____

Location of Accident ___

_____ Date and Time

of Accident _____

Describe the accident and any injuries that occurred_____

_____

_____

_____

_____

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_____

Please list any other witness's (attached another page if needed)

_____ _____

_____ _____

_____ _____

Name (Signature)_____ Date _____