



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)

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_____	_____
_____	_____

Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_