

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT

**WITNESS STATEMENT OF INJURY/INCIDENT**

***WITNESS INFORMATION***

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Home Address/City/Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Site: \_\_\_\_\_

***INJURY/ILLNESS INFORMATION***

Name of Injured Employee: \_\_\_\_\_

Date of Injury/Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Describe what you saw: \_\_\_\_\_

Where did injury/incident occur? (Be specific, including building & room number, if applicable)

What equipment, materials or chemicals were being used? \_\_\_\_\_

In your opinion what body part(s) were injured? \_\_\_\_\_

In your opinion who or what caused the injury/incident? \_\_\_\_\_

Was there anything that could have been done to prevent the injury? \_\_\_\_\_

Did anything appear suspicious about the injury/incident? \_\_\_\_\_

***OTHER WITNESSES***

Were there any other witnesses?  No  Yes (if yes please provide the names below)

***EMPLOYEE SIGNATURE***

I have personal knowledge of the facts set forth in the declaration, and if necessary I am capable and competent to testify to those facts. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

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

\_\_\_\_\_  
(Please Print Name)

Date \_\_\_\_\_