



ACCIDENT WITNESS STATEMENT

If you have any questions concerning this witness statement, please contact your director or Kari Killman at Kkillman@usd375.org or 316.541.2577.

ACCIDENT INFORMATION

Injured Employee Name

Date of Accident

Approximate time of Accident

WITNESS INFORMATION

Witness Name

Home Address

City, State, Zip Code

Do you know the injured party? Yes No

If yes, how?

WITNESS STATEMENT

Witness Signature

Date