

Currituck County Schools On-The-Job Injury Witness Statement

Name of Injured Employee _____

Date of Injury _____

Name of Witness _____

Please describe what happened (what you saw, heard, etc...)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Printed Name _____

Signature _____ Date _____