

Witness Statement Report Eagle Mountain- Saginaw Independent School District

Name of Injured Party:	Date of Accident (mm/dd/yyyy):
Witness Name:	Witness Phone Number:
Witness Email Address:	Witness Department:
Witness Statement	
On _____(date), 20__ (year), at approximately _____ am/pm, I was in or at _____ (clearly state your location). when an accident involving the above employee occurred.	
Check Only One Box Below	
I saw the accident. The accident occurred in the following manner: <i>(please describe in as much detail as possible)</i>	
I did not see the accident. Information given to me by _____ (name) indicates the accident occurred as follows: <i>(please describe in as much detail as possible)</i>	
Witness Signature:	Date:

The information, I have provided in this report is accurate to the best of my knowledge.

Please email this form to Kimberly Heiskell, Coordinator of Risk Management, at kheiskell@ems-isd.net