

WITNESS TO COMPLETE

**WAYNE COUNTY BOARD OF EDUCATION
EMPLOYEE ACCIDENT REPORT
WITNESS INTERVIEW AND STATEMENT**

NOTE: Complete a witness report for each witness interviewed. Attach additional reports, if any, to the investigative report.

1. Date and time of Injury:

2. Where did injury occur (location):

3. Did the individual appear to be injured-if so, how?

4. Describe, in your own words, how the injury occurred (what was the individual doing?)

5. Name(s) of other witnesses:

6. Describe, in your own words, how you feel the injury could have been prevented or could be prevented:

Witness Signature: _____ **Principal/Supervisor** _____

Date: _____ **Date:** _____

**Please send all forms to:
Safety Director 304-272-5519 fax**