



Citrus County School Board Witness Statement

You have been listed as a witness to an accident/incident involving \_\_\_\_\_ that took place on \_\_\_\_\_. To assist the Risk Management Department in investigating this accident/incident, please complete and return this form to your principal or administrator within 24 hours of the event. (Please use the back of this form if you need additional space for your comments).

Your Name \_\_\_\_\_ Work Location \_\_\_\_\_

Did you witness the event involving the above named person? (Circle One) YES NO

Location of the event (be specific): \_\_\_\_\_

Approximate Time of the event: \_\_\_\_\_ Date of the Event: \_\_\_\_\_

Describe what you witnessed concerning this accident/incident: (**Only** what you personally witnessed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the injured employee doing when the event occurred? \_\_\_\_\_

\_\_\_\_\_

Did you notice anything unusual prior to or during the incident/accident? If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Printed Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_