

Pltt County Schools
Accident Witness Statement

(To be completed by Adult Witness Only)

Witness Information:

Witness Name: _____
Work Site: _____ Employee Number: _____
Work Phone Number: _____
Personal Phone Number: _____
Email Address: _____

Employee Incident/Injury Information:

(Complete the following information based on what you personally witnessed)

Injured Employee's Name _____
School/Site: _____
Area/Location: _____
Date Occurrence: ___/___/___ Time of Occurrence: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Based on what you personally observed, describe fully how the accident occurred: (Include the events that occurred immediately before and after the accident)

By my Signature, I certify that the statements provided on the form are true and accurate.

Signature: _____ Date: _____

Any Person who knowingly makes false claims and statements, or conceals any material fact in order to receive or assist others to obtain workers' compensation benefits, may be subject to criminal penalties.