



Appling County School District

[249 Blackshear Hwy Baxley, GA 31513](#)

Phone: (912) 367-8600 Fax: (912) 367-1011

WITNESS STATEMENT FOR WORK-RELATED INJURY

Name of Injured Employee			
WITNESS IDENTIFICATION			
Witness Name		Work Location	
Home Street Address		Job Title	
City	State	Zip	Daytime Phone #
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Did you see the accident/injury occur? Yes <input type="checkbox"/> No <input type="checkbox"/>			
ACCIDENT REPORT			
Date of Incident		Time of Incident	
Location of Incident- Address, Area (classroom, restroom, workstation, etc.)			
Fully describe how the incident occurred (include events that occurred immediately before the incident)			
Describe the injury and specific body parts affected (e.g., burn on left hand)			
Names of individuals involved in the incident			
Give your recommendation for how to prevent this incident from recurring			

To the best of my knowledge the above questions are answered truthfully.

Name (Print)

Signature of Witness

Date