

WITNESS STATEMENT

WITNESS NAME: _____ PHONE: _____

JOB TITLE: _____ PCC DISTRICT EMPLOYEE? YES NO

DATE OF INJURY: _____ TIME OF INJURY: _____ AM PM

LOCATION OF INCIDENT: _____

1. DESCRIBE WHAT HAPPENED: _____

2. IN YOUR OPINION, WHAT CAUSED THE ACCIDENT? _____

3. PLEASE NAME ANY OTHER WITNESSES: _____

WITNESS SIGNATURE: _____ DATE: _____