



# San Diego Unified School District

EUGENE BRUCKER EDUCATION CENTER

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## RISK MANAGEMENT DEPARTMENT

**\*Provide this form to each witness at the beginning of the investigation of an Occupational injury/illness/accident.**

### WITNESS STATEMENT

<b>Name of Injured Employee/Worker:</b>	
<b>Date of Injury:</b>	<b>Time of Injury:</b>
<b>Name of Witness:</b>	<b>Work Location:</b>
<b>Telephone (Work):</b>	<b>Telephone (Home/Cell):</b>
<b>Home Address:</b>	
<b>Work Relationship to Party or Parties involved in Injury:</b>	
<b>Where were you (location, distance from the accident, etc.) at the time of the injury?</b>	
<b>What were you doing at the time of the injury?</b>	
<b>What did you observe?</b>	
<b>Any additional comments?</b>	
<b>Date:</b>	<b>Witness Signature:</b>