NEW MILFORD PUBLIC SCHOOLS

STUDENT ACCIDENT WITNESS STATEMENT
(To be completed by accident witness)

Injured Student's Name: _____
First Last

Name of Witness: _____ Phone #:_____
First Last

Title of Witness: _____

Address of Witness: _____

City: _____ State: _____ Zip: _____

Location of Accident: _____
(Address/Name of Building and Area (i.e.: bathroom, cafeteria etc.)

Date of Accident: _____ Time of Accident: _____

Describe in detail how the accident occurred, and bodily injury sustained. Include all events that occurred immediately before the accident:

_____
_____
_____
_____
_____

Contributing factors?

_____
_____

Signature of Witness: _____ Date: _____