



Corona-Norco Unified School District
Risk Management
2820 Clark Avenue
Norco, CA 92860
(951) 736-5036
Fax: (951) 736-5125

WITNESS STATEMENT OF EMPLOYEE INJURY

WITNESS NAME: _____ CONTACT PHONE: _____

JOB TITLE: _____ DISTRICT EMPLOYEE? YES NO

HOME ADDRESS: _____

NAME (S) OF INJURED EMPLOYEES: _____

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

SITE AND EXACT LOCATION OF ACCIDENT: _____

1. PLEASE DESCRIBE WHAT YOU WITNESSED:

2. IN YOUR OPINION, WHAT WERE THE CONTRIBUTING CAUSES OF THE ACCIDENT?

3. PLEASE NAME ANY OTHER WITNESSES:

WITNESS SIGNATURE: _____ DATE: _____