

Cecil County Public Schools
201 Booth Street, Elkton, Maryland 21921

INJURY/INCIDENT WITNESS STATEMENT
IMPORTANT - COMPLETE ALL SECTIONS

Must be completed by all witnesses immediately following the incident and within 72 hours of notification of incident.

Name of Injured Employee: _____ Injured Employee's Department _____
Time of Injury/Incident: _____ Date of Injury/Incident: _____

Name of Witness: _____ Name of School _____
Date Reported: _____ Location Incident Occurred: _____
Relationship to Injured: _____ Co-worker _____ Volunteer _____ Other _____

Please explain in detail what you observed: _____

Please list any additional information relative to this incident. _____

Signature

Date

Distribution: *Original to Benefits Office*
 Copy for School File