



**MCESC**

Frank DePalma  
Superintendent

# Witness statement for student accident and injury report

## Witness Information

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Accident and Injury Information

Date/Time of injury

Where were you when the injury occurred?

\_\_\_\_\_

Did you see it occur? ☐ Yes  
☐ No

Accident Description

Type of injury	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Bruise	<input type="checkbox"/>	Sprain/Strain	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	Skin Rash	<input type="checkbox"/>	Other
	<input type="checkbox"/>	Eye	<input type="checkbox"/>	Laceration	<input type="checkbox"/>	Puncture	<input type="checkbox"/>	Abrasion	<input type="checkbox"/>	Slip/Trip/Fall		

Injured Body Part(s)

☐ Left  
☐ Right

Did Student return to class? ☐ Yes  
☐ No

Other Witness's

Report completed by \_\_\_\_\_

Date

I certify by my signature the information of his injury is true and complete to the best of my knowledge.

Employee Signature \_\_\_\_\_

Date

Original To: Student File

Copies To: ☐ Supervisor  
☐ Director

This report is to be completed by the end of the work day on the day of injury. It must be filed with the Director's Office within 24 hours of the accident or injury.