

**Witness to Student Incident Report**  
**(MUST be filled out & submitted within 24 hours of injury)**

The purpose of this report is to prevent similar incidents from occurring. Remember, we are fact finding, not fault finding. Please make this report as accurate and thorough as possible.

Witness Name: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Job Title/Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Incident:     Near Miss     Minor Injury     Minor Illness     Major Injury     Major Illness

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Injured Student: \_\_\_\_\_

**Incident Description**

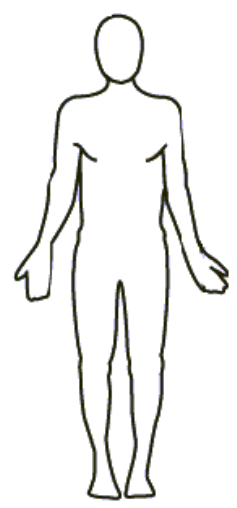
Location of incident (classroom, gym, bathroom, etc.)

\_\_\_\_\_

Describe in detail how the incident occurred and what the student was doing when it occurred.

\_\_\_\_\_

\_\_\_\_\_



Circle Affected Body Part

What unsafe act(s) or condition(s) contributed to the incident?

\_\_\_\_\_

What body part(s) were affected?

\_\_\_\_\_

What is at least one thing that can be done to prevent this type of incident from happening again?

\_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please send a digital version of this completed form to the school nurse/health clinic:  
[amattox@easternhancock.org](mailto:amattox@easternhancock.org) or [ssmith@easternhancock.org](mailto:ssmith@easternhancock.org)**