LAWRENCE COUNTY JOINT VOCATIONAL SCHOOL DISTRICT
COLLINS CAREER TECHNICAL CENTER
11627 STATE ROUTE 243
CHESAPEAKE, OHIO 45619
(740) 867-6641

STATEMENT OF WITNESS TO ACCIDENT

I. INCIDENT IDENTIFICATION INFORMATION

Name of employee alleging incident _____ Time: _____ am/pm

Occupation _____ Department _____

II. WITNESS STATEMENT

Your name has been given as a witness to an incident alleged by the above individual. Through your cooperation, information can be obtained to complete the investigation of this incident. Therefore, it will be appreciated if you will answer each of the following questions and promptly return your completed statement.

Your name _____ Your occupation _____

Your address _____ Your telephone number ( ) _____

_____

Did you see an accident involving the above employee? □ Yes □ No

If not, how did you learn about the accident? _____

_____

If you did see an accident occur: Date of accident _____ Time of accident _____am/pm

Describe what you saw: _____

_____

_____

_____

_____

_____

_____ _____ _____

Your signature Please print your name Date

State of Ohio §

County of _____ §

Before me, a Notary Public in and for said state, personally appeared the above named who acknowledges before me that he/she did sign the foregoing instrument and that the same is his/her free act and deed.

In testimony whereof, I have hereunto affixed my name and official seal at _____, Ohio this _____

_____ day of _____, 20_____.

(SEAL) **(signed) _____**

Name (printed or typed) _____

Notary Public, State of Ohio

My Commission Expires _____

(date)