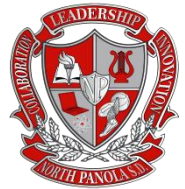


# NORTH PANOLA SCHOOL DISTRICT

*"Leadership • Collaboration • Innovation"*

Dr. Wilner Bolden III, Superintendent



## Accident Investigation Report – Witness Statement

(This statement must be submitted to the central office along with the accident report.)

Name: \_\_\_\_\_  
\_\_\_\_\_

Date:

### General Information:

When did the accident occur? (List date and approximate time)

\_\_\_\_\_

Where did the accident occur? (Be specific)

\_\_\_\_\_

\_\_\_\_\_

Who was injured?

\_\_\_\_\_

Personal Statement (Give details of what you actually observed in reference to the accident.)

\_\_\_\_\_  
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(If necessary, please continue on back of form.)