

**SPEED S.E.J.A. #802
INCIDENT REPORT by a Witness**

Name of Injured Employee: _____ Date: _____

Information about the incident:

Date of Incident: _____ Time: _____

Place of Incident: (e.g. classroom, hallway, playground, stairway) _____

What was the injured employee doing at the time of the time of the Incident: (e.g.:escorting student to gym class)

How did the incident occur? (e.g. the employee was walking and tripped on the student's coat) _____

What was the injury or illness and list the part of body affected? (e.g. the employee fell onto his/her knees, and left arm and could not get up or walk) _____

What object or substance if any, directly harmed the employee? (e.g. the desk drawer was left open) _____

List the name of witnesses, if any; _____

Additional comments; _____

Who did you report the injury to? _____

What date did you report it? _____

Date Incident Report completed: _____

Phone Number or Email Address where you can be reached: _____

Report prepared by: _____