



**NON EMPLOYEE  
WITNESS REPORT  
GAINESVILLE CITY SCHOOLS  
508 Oak St.  
Gainesville, GA 30501  
770-536-5275**



**GENERAL INFORMATION**

**\*Name of injured:** \_\_\_\_\_

**Name of Witness:** \_\_\_\_\_

**WHEN AND WHERE ACCIDENT OCCURRED**

**Name of school or department:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Day of Week** \_\_\_\_ **Time Occurred:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM**

**WITNESS  
EXPLANATION**

**Explain in detail the accident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Accident Witnessed by:**

**Name & Title:** \_\_\_\_\_ **Home phone or cell** \_\_\_\_\_

**Department or School:** \_\_\_\_\_ **Phone** \_\_\_\_\_ **ext** \_\_\_\_\_

**Signature of witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_