



**STUDENT WITNESS
ACCIDENT 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: _____