

## **VERNON PUBLIC SCHOOLS**

## ACCIDENT/INCIDENT WITNESS FORM

Claimant Name:		Date of Incident:	
Witness Name:		Phone:	
Home Address:			
City:	State:		Zip Code:
Job Title and Location (if Employee):			
Describe fully how the accident/incident occurred including events leading up to the accident (what you saw or heard):			
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Witness Signature:			Date: