



Amherst County Public Schools

153 Washington Street • PO Box 1257

Amherst, VA 24521

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WITNESS REPORT

To be completed by the witness of an injury as soon as possible following the observance of an and given to the building principal/supervisor.

NAME: _____

Date of Injury: _____ Time of Injury: _____

Victim's Name: _____

Describe how injury occurred: _____

Were there other witnesses to injury: _____

Can you identify them: _____

Have you talked with the victim: _____

Signature

Date