

HUTCHINSON PUBLIC SCHOOLS  
Eyewitness Accident Report

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of injured employee: \_\_\_\_\_

Date of accident: \_\_\_\_\_

What happened (provide a brief description about the accident):

Why did it happen (can you determine the cause of the accident):

What needs to be done (outline steps to prevent the accident from reoccurring):

Signature: \_\_\_\_\_ Date: \_\_\_\_\_