**Form 315-2**

# WITNESS TO ACCIDENT

The information provided below will be used for the purposes of attaining particulars about the accident for risk management and for use by the Division's insurance carrier. All of the information collected will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

Name of Injured Person: _____ Date Form Completed: _____

Date and Time of Accident: _____ School: _____
YYYY / MM/ DD TIME

1. **DESCRIPTION OF ACCIDENT: (Attach additional page of insufficient space)**

_____

_____

_____

_____

_____

_____

_____

_____

2. **WHAT WAS DONE FOR THE INJURED: (Who attended, who was contacted, where sent and how?)**

_____

_____

_____

_____

_____

3. **ADDITIONAL COMMENT:**

_____

_____

_____

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**Witness:** _____ ☐ **Principal** ☐ **Teacher** ☐ **Student**
Signature ☐ **Other (Please specify):** _____

Name: _____

Address _____

_____

Phone No.: _____



**Keep a copy of this Form at the school.**
**Insert a copy in the Student's CUM File**

**Send a copy to Mike Desautels, Facilities Supervisor**
**Send a copy to Brett Cox, Assistant Superintendent, Human Resources**