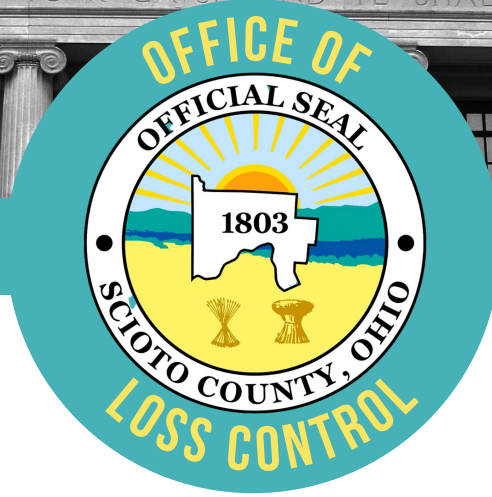




SCIOTO COUNTY COMMISSIONERS

RYAN SCHIESSER, COORDINATOR
(740) 355-8305



BRYAN DAVIS, CHAIRMAN
CATHY COLEMAN
SCOTTIE POWELL

ANGELA MALONE, ASST COORDINATOR
(740) 353-9435

Witness Statement

Your Name: _____

Phone Number: (____) _____

Mailing Address: _____

Are you currently a Scioto County Employee? _____

Which Scioto County Department are you employed? _____

Name of injured worker: _____

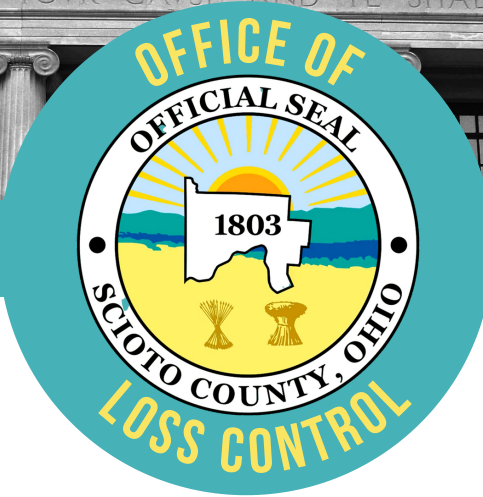
Did an injury occur? Please explain what you witnessed:

Are there any other witnesses involved in this incident? If so, please state their names:



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Witness Statement

Accident/Injury Description and Location (Be Specific):

What did you witness and how did it happen?

Who was in the area?

What equipment was involved?

Any other details you can share?

I have given the above statement and certify that it is true to the best of my knowledge.

Witness Signature

Date