

WITNESS INCIDENT REPORT FORM

WITNESS INFORMATION

Full Name: _____ Title/Role: _____

Address: _____

Phone: _____

E-Mail: _____

Signature: _____

Date: _____

INCIDENT DETAILS

Date of Incident: _____

Time: _____ ☐ AM ☐ PM

Location: _____

Witness's Distance From the Incident: _____ ft.

Conditions That Influenced the Incident (e.g., weather, terrain):

Describe the Incident:

Any photographs, video recordings, or other evidence of the incident should be provided to the recipient at the time this report is filed.

INJURIES

Was anyone injured? ☐ Yes ☐ No

If yes, describe the injuries:

PROPERTY DAMAGE

Was there apparent damage to property? ☐ Yes ☐ No

If yes, describe the damages:

OTHER WITNESSES

Were any other witnesses present? ☐ Yes ☐ No

If yes, enter the witnesses' names and contact info (if available):

1. Full Name: _____
Phone: _____
E-Mail: _____
2. Full Name: _____
Phone: _____
E-Mail: _____
3. Full Name: _____
Phone: _____
E-Mail: _____

POLICE / MEDICAL SERVICES

Police Notified? ☐ Yes ☐ No If yes, was a report filed? ☐ Yes ☐ No

Was medical treatment provided? ☐ Yes ☐ No ☐ Refused

If yes, where was medical treatment provided?

☐ On site ☐ Hospital ☐ Other: _____

OFFICE USE ONLY

Report received by: _____

Signature: _____ Date: _____

Follow-up action taken: