# INCIDENT WITNESS STATEMENT

Name of Witness _____

Address _____ Phone _____

Date of Incident ___/____/_____ Time of Incident _____

Location of Incident _____

Area (i.e. Bus, Path, Bathroom, Steps) _____

Describe fully how the Incident/Accident occurred. Include what occurred just prior to the incident.

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Describe Injury Sustained

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How could this incident / Accident been prevented

_____

_____

_____

**Name:** _____ **Signature:** _____ **Date:** ____/____/____

**N.B. This witness statement is to be treated as "CONFIDENTIAL" and is to be submitted with the Incident Report Form.**

CONFIDENTIAL