

INCIDENT WITNESS STATEMENT

Name of Witness	
Address	Phone
Date of Incident	// Time of Incident
Location of Incident	
Area (i.e. Bus, Path, I	Bathroom, Steps)
Describe fully how th	e Incident/Accident occurred. Include what occurred just prior to the incident.
Describe Injury Susta	ined
How sould this inside	ant / Assident been provented
	ent / 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.