



INCIDENT STATEMENT BY PARTY OR WITNESS

Date of incident: _____ Time of incident _____ am/pm

Name: _____

Address: _____

Telephone: _____

Place of employment: _____

Details of incident (who, what, when, where, and how): _____

Description of damages or injuries: _____

Was police called? _____

By whom? _____

Was EMS called? _____

By whom? _____

Signature: _____

Date: _____