

## WITNESS REPORT OF INCIDENT

Date of Incident:     \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of Injured Person (if known): \_\_\_\_\_  
\_\_\_\_\_

**Witness Name:** \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_                      State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_                      Work Phone: \_\_\_\_\_  
\_\_\_\_\_

• Are you an employee of the club?  Yes  No  
    If Yes, what is your job description? \_\_\_\_\_  
\_\_\_\_\_

• Are you a member of the club?             Yes  No    If yes, how long? \_\_\_\_\_  
\_\_\_\_\_

• Do you know the person who was injured?  Yes  No  
    If yes, describe your relationship with the injured person: \_\_\_\_\_  
\_\_\_\_\_

• Describe what you witnessed about this injury or incident: \_\_\_\_\_  
\_\_\_\_\_  
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Signature of Witness: \_\_\_\_\_

Date: \_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_