

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: _____

Signature of Witness: _____

Date: _

____ / ____ / ____