Appendix 6

Witness Report Form

Name: _____ Date: _____

Type of Accident/Incident (box)

□ Minor Incident □ Major Incident

□ Medical Treatment (On-site) □ Medical Treatment (Off-site)/Hospitalization

Date of Incident: _____ Time of Incident: _____ AM/PM

Describe how the event occurred (include a sketch and/or photograph):

_____

_____

_____

_____

_____

_____

_____

_____

Signature: _____