



## Incident Witness Statement

**WDM Location:** \_\_\_\_\_

**Incident Location (specific):** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Statement Date:** \_\_\_\_\_

**Name of Individual Providing Statement:** \_\_\_\_\_

**Position (Employee, Volunteer, Visitor, Contractor):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Activities Occurring at the Time of the Incident:**

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**Conditions at the Time of the Incident (Weather, Lighting, Noise, etc.):**

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**Incident Events (What Happened, Who Was Involved, etc.):**

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**Post-Incident Events:**

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By signing, I verify that the information provided in this statement is correct to the best of my knowledge.

**Signature:** \_\_\_\_\_

\*Note: To provide more information, please use an additional sheet.