

JEFFERSON COUNTY INCIDENT REPORT

WITNESS STATEMENT

Witness Name: _____ Date of Incident: _____

Location of Incident: _____

Type of Incident (Auto, Injury, Illness, etc.): _____

Time of Incident _____ am _____ pm Date/Time Reported ____/____/______ _____ am _____ pm

Account of Incident (include sequence of events and all pertinent data, type of incident, details of injury if appropriate, etc):

I do attest that the above account is based upon my personal knowledge of this incident and that I did witness the incident as described.

Witness Signature: _____ **Date:** _____