City of Port Townsend

INCIDENT INVESTIGATION WITNESS STATEMENT

Date of Accident:		Time of Accident:	
Injured Party:			
Witness Name:			
Witness Contact Info (if not City employee):			

WITNESS STATEMENT

INSTRUCTIONS: Complete in your own words, the immediate events leading up to and including the incident. Your effort to provide complete descriptive details of the events is essential to determine the facts about this incident.

_____

_____

_____

_____

_____

_____

_____

_____

_____

I have read the above statement and certify that it is true to the best of my knowledge.

Witness Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____