

Non-Employee Incident and Witness Statement Form

Directions:

- This form should be filled out immediately after first-aid has been performed.
- Upon completion, this form should be given to the Department Supervisor/Department Head within 24 hours of the incident. A copy should also be kept on file at the facility for review and possible further distribution.
- First page to be filled out by City Employee.
- Second page to be filled out by a witness of the incident if applicable.
- Third page to be filled out by department head.

Name of Injured Person

Age

Street Address

City of Menasha

State

Zip

Home Telephone Number/Cell Phone Number

Work Telephone Number

Date of Incident

Time of Incident

AM PM

(circle one)

Describe How the Incident Occurred:_____

Description of Injury:_____

Was First Aid Given?_____

By Whom?_____

Describe First-Aid Given:_____

Was injured person transported from the area by emergency medical personnel?_____

If yes, to where and by whom (Name, Address, Telephone Number):_____

Does the injured person have health insurance? Yes or No? If yes, who is the carrier?

Name, address and telephone number of person notified (parent and/or guardian if injured person is minor):_____

Signature and Title of person filling out form

VICTIM/WITNESS STATEMENT

Name, Addresses and Telephone Numbers of ALL Witnesses:

Description of Incident: (Please indicate where the incident occurred, what you saw and heard at what time the incident occurred. Also indicate any factors that may have contributed to the incident. Please sign your name after the statement and use the back side if needed.)

Attach additional pages if needed.

Non-employee Injured party / Witness Signature

Date

Administrative Review

Administrative Review/Corrective Action: _____

Document Sent to:

Department Head

Date: _____

City Attorney

Date: _____