

IF THERE IS MORE THAN ONE WITNESS PLEASE GIVE EACH WITNESS A COPY OF THIS FORM.



WITNESS STATEMENT FORM
(Rev. 03-2021)

**THIS FORM MUST BE SUBMITTED TO
RISK MANAGEMENT WITHIN 24 HOURS OF COMPLETION**
Email: Risk Management
risk_management@hampton.gov

Authorized recipients of this form are the Department's Managerial staff, City Attorney's Office, and Risk Management. Any requests to obtain a copy of this document should be directed to Risk Management for handling.

Witness		
Name of Witness (Last, First, Middle):	Address:	Contact No.:
Job Title:	Site Location:	
Time of accident:	Date of accident:	Location of accident (Hallway, Classroom):

Nature and Cause of Accident

Please describe in detail how the incident, property damage, or injury occurred (please describe exactly what you saw):

Please describe what was happening before the incident occurred:

Please describe what happened after the incident occurred:

Did you report this incident?

Yes No

With whom did you report the incident?

Witness Signature:

Date: