



RICHLAND ONE

Risk Management: Phone (803) 231-7401 or email:

Stacy.Cunningham@richlandone.org cc Beverley.Leeper@richlandone.org

WITNESS STATEMENT- Please Print

A copy of this form must be completed by every witness to the incident.

Name of Injured Person	
Incident Location	

Date of Incident		Time of Incident	
Name of Witness			
Description Please add as much detail as you can about the incident, circumstances, any injuries suffered and actions taken			

Additional Comments:

Witness Phone Number		Alternate Number	
Address			

I have completed this statement of the accident/ incident I witnessed and agree that all details are correct.

Signed		Date	
Print Name			