Incident Witness Statement

Witness Name:	Job Title:	Department:
Date of Statement:	Date of Incident:	Time of Incident:

Type of Incident:

☐ Property Damage ☐ Near Miss ☐ Injury ☐ Fatality ☐ Chemical Spill

Name of person(s) involved:	Department/Employer	Job Title

State exactly what you saw, heard and /or physically sensed (i.e., felt, smelled or tasted) and what you observed before, during and after the incident. For example, Begin with where people were, what they were doing, the condition of equipment, operations being performed, noises you heard, and smells you detected when you came onto the scene.*

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If you were at the incident scene when it happened, list the names of everyone you saw.*

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*(Use other side of document or additional paper if you need more writing space or if you would like to draw a diagram.)**

The above statement is a complete compilation of my understanding of the incident. I understand that this is a confidential statement, which I agree not to share without the expressed permission of the County of Monterey of by Court order.

Witness Signature_____ Date:_____