

HAMILTON COUNTY INCIDENT REPORT WITNESS VERIFICATION FORM

The following questions should be answered by anyone who witnessed the incident. Please ask each witness to complete one form.

WITNESS INFORMATION:

Witness Name: _____ Daytime Phone: _____

Are you a Hamilton County employee? YES NO

If yes, where do you work? _____

INCIDENT INFORMATION:

Injured Worker's (IW) Name: _____

Date of Incident: _____ Time of Incident: _____

Location of Incident (address or other identifying information):

Specific details of the incident (What you saw or heard):

Witness Signature

Date