PatrinelyGroup

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INCIDENT STATEMENT BY PARTY OR WITNESS

Date of incident _____ Time of incident _____ am/pm
Name _____
Address _____
Telephone (home) _____ (work) _____
Place of employment _____
Name of nearest relative _____
Address of relative _____ Phone _____

Details of incident (who, what, when, where, and how)

Description of damages or injuries

Description of any prior disabilities/injuries

Was police called? _____ By whom? _____
Was EMS called? _____ By whom? _____
Was injured party taken to emergency room? _____ Where? _____

Signature _____ Date _____