SNOHOMISH COUNTY FIRE DISTRICT 26

"Volunteering To Make A Difference"

Witness Statement

Injury/Non Injury Accident and/or Exposure Witness Report Form

Name of witness: _____ Date: ___ / ___ / _____

Name of injured/or apparatus license number: _____

Time of incident: _____ Date of Incident: ___ / ___ / _____

Location where incident occurred: _____

Summarize what happened: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

What could have been done to avoid this incident? _____

_____

_____

_____

Witness Signature: _____ Date: ___ / ___ / _____

NOTICE:

This form is to be returned to the Safety Officer within 48 hours of the Incident.

Signature of person receiving report: _____ Date: ___ / ___ / _____

Incident Command Signature: _____ Date: ___ / ___ / _____

Safety Officer Signature: _____ Date: ___ / ___ / _____

501 Lewis Ave, (PO Box 376) Gold Bar, WA 98251 360-793-1335 or 360-793-0909 Fax 360-793-8998