



Witness Report

HABITAT FOR HUMANITY AFFILIATE INSURANCE PROGRAM

Thank you for your help in providing information about the incident. It will help ensure there is complete and accurate information about the incident.

INCIDENT INFORMATION	<i>Note contributing factors: weather conditions, obstructions, etc</i>	
Your Name:	Email:	Phone:
Your Address		
Date of Incident:	Time of Incident:	
Location of Incident:		
Full Description of What Happened:		

INJURED PARTY	<i>Attach additional page if needed</i>
Name:	<i>circle Male Female</i>
Description of Injury:	
On Site Treatment:	

PROPERTY DAMAGE
Description of Property:
Description of Damages:

Signed _____ Date of Report _____