Sports Injury Witness Statement

Witness Details Full Name **Contact Information** Relationship to Incident/Participants **Injured Person Details** Full Name Team/Organization **Incident Details** Date Time Location Activity/Event Weather/Field Conditions **Witness Statement**

Actions Taken

Please describe what you saw

| Actions following the incident | | | | | |
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| Witness Signature | | | | | |
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| Date | | | | | |
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