



HABITAT FOR HUMANITY AFFILIATE INSURANCE PROGRAM

# Witness Report

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

<b>INCIDENT INFORMATION</b>	<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:		

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

<b>PROPERTY DAMAGE</b>
Description of Property:
Description of Damages:

Signed \_\_\_\_\_ Date of Report \_\_\_\_\_