

***PLEASE RETURN FORM TO NEAL REINIG

Neal@theinsuranceguy.com

Phone: 800-668-2340 x 2

Cell: 720-227-3634

Fax: 303-800-0548

WITNESS REPORT OF INCIDENT

Date of Incident: ___/___/___

Name of Injured (if known): _____

Witness Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone # (____) ____-_____

Work Phone # (____) ____-_____

Are you an employee of the club? **YES / NO**

-If Yes, what is your job description?

Are you a member of the club? **YES / NO** -If Yes, for how long? _____

Do you know the person who was injured? **YES / NO**

-If Yes, please describe your relationship:

Describe what you witnessed about this injury/incident:

YOUR SIGNATURE: _____